



11th Floor

1111 14th Street, N.W.

Washington, D.C. 20005

(202) 898-2424

RECEIVED
FEC MAIL ROOM

2000 JUN 14 P 2:37

*American Dental
Political Action Committee*

June 14, 2000


Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir/Madam:

Please find enclosed our Committee's (I.D. #C00000729) **June 20th Report** covering the period of **May 1-31, 2000**. Also, please note that our line 12 amounts are reflective of receipts from various states, which act as our collecting agents for membership contributions. In order to track these receipts on our software, we must post them on line 12 so that the amount will be able to exceed \$200. Although we "treat" the states as individuals for our software purposes, these contributions still fall within FEC guidelines.

Thus, the software automatically produces schedules to justify the amount on line 12. Our Committee understands that these schedules are not necessary and that the amounts can be listed as itemized contributions on line 11aii. But for our software purposes and in order to keep generating our reports by computer—it is much simpler to continue reporting in this manner, as long as it is within FEC guidelines. Thank you for your cooperation and assistance.

Sincerely,



Cynthia J. Taylor
Manager, ADPAC

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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2008 JUN 14 P 2:37

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Dental Political Action Committee	2. FEC IDENTIFICATION NUMBER C00000729
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1611 14th Street, NW Suite 1100	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, DC 20005	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>05/01/08</u> through <u>05/31/08</u>		
6. (a) Cash on Hand January 1, 19 <u>08</u>		\$ 488,307.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 658,706.09	
(c) Total Receipts (from Line 19)	\$ 124,184.01	\$ 304,270.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 782,892.10	\$ 1,003,577.73
7. Total Disbursements (from Line 30)	\$ 57,200.00	\$ 277,886.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 725,692.10	\$ 725,692.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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 Francis X. McLaughlin, Jr., Assistant Treasurer	Date June 14, 2008
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

	FEC FORM 3X (revised 5/03)
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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
American Dental Political Action Committee	05/01/00	06/30/00	
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees:			
i. Itemized (use Schedule A)	0.00	0.00	11(a)(1)
ii. Unitemized	0.00	0.00	11(a)(2)
iii. Total (add i and ii) >	0.00	0.00	11(a)(3)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	0.00	0.00	11(d)
12. Transfers From Affiliated/Other Party Committees	124,184.01	499,348.34	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	4,823.78	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	124,184.01	504,270.10	19
20. Total Federal Receipts (subtract line 18 from line 19) >	124,184.01	504,270.10	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share	0.00	0.00	21(a)(1)
ii. Non-Federal Share	0.00	0.00	21(a)(2)
b. Other Federal Operating Expenditures	0.00	581.45	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	581.45	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	57,200.00	271,038.18	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	6,288.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	57,200.00	277,885.63	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	57,200.00	277,885.63	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	0.00	0.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	0.00	0.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	581.45	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	581.45	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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 Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
230 Washington Square, North Suite 208 Lansing, 48933	Michigan Dental PAC	05/05/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$	36,407.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
230 Washington Square, North Suite 208 Lansing, 48933	Michigan Dental PAC	05/05/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$	35,507.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
230 Washington Square, North Suite 208 Lansing, 48933	Michigan Dental PAC	05/05/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$	35,607.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
628 W. Interstate 44 Svc. Rd. Oklahoma City, 73116	Oklahoma Dental PAC	05/05/00	1,375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$	1,375.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4611	Wisconsin Dental PAC	05/05/00	1,125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$	6,300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4611	Wisconsin Dental PAC	05/05/00	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$	6,800.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
2236 Marshall Avenue St. Paul, 55104	Minnesota Dental PAC	05/05/00	1,078.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$	18,925.00	

SUBTOTAL of Receipts This Page (optional) **5,375.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 12
FOR LINE NUMBER 12

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 Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>505 5th Avenue Suite 333 Des Moines, 50309-2378</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Iowa Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 4,125.00</p>	<p>Date (month, day, year) 05/08/00</p>	<p>Amount of Each Receipt this Period 225.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>One Dental Plaza North Brunswick, 08902-4311</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer New Jersey Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 18,817.23</p>	<p>Date (month, day, year) 05/05/00</p>	<p>Amount of Each Receipt this Period 3,098.77</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>1370 Dublin Road Columbus, 43215</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ohio Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 11,700.00</p>	<p>Date (month, day, year) 05/06/00</p>	<p>Amount of Each Receipt this Period 11,300.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 378 1010 S. 2nd St. (zip-62704) Springfield, 62706</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Illinois Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 20,003.00</p>	<p>Date (month, day, year) 05/05/00</p>	<p>Amount of Each Receipt this Period 775.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 1154 Helena, 59624-0281</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Montana Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,475.00</p>	<p>Date (month, day, year) 05/05/00</p>	<p>Amount of Each Receipt this Period 425.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>83 Spear Street Natick, 01760</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Massachusetts Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 11,482.36</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 756.24</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>1220 West Hays Street Boise, 83702</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Idaho Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 5,025.00</p>	<p>Date (month, day, year) 05/23/00</p>	<p>Amount of Each Receipt this Period 4,925.00</p>

SUBTOTAL of Receipts This Page (optional)

21,505.01

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 12
FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)
American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 1332 Bismarck, 58502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	North Dakota Dental PAC Occupation Aggregate Year-to-Date > \$ 2,425.00	06/25/00	25.00
B. Full Name, Mailing Address and ZIP Code 3736 Eubank, NE Suite 1-A Albuquerque, 87111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer New Mexico Dental PAC Occupation Aggregate Year-to-Date > \$ 1,376.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 1,375.00
C. Full Name, Mailing Address and ZIP Code 1151 East 3900 South Suite B-180 Salt Lake City, 84124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Utah Dental PAC Occupation Aggregate Year-to-Date > \$ 2,400.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 2,300.00
D. Full Name, Mailing Address and ZIP Code PO Box 120188 Nashville, 37212 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tennessee Dental PAC Occupation Aggregate Year-to-Date > \$ 16,730.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 400.00
E. Full Name, Mailing Address and ZIP Code 2501 Crestwood Drive Suite 205 North Little Rock, AR 72118 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Arkansas Dental PAC Occupation Aggregate Year-to-Date > \$ 7,975.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 175.00
F. Full Name, Mailing Address and ZIP Code 2033 8th Avenue Suite 333 Seattle, 98121 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Washington Dental PAC Occupation Aggregate Year-to-Date > \$ 9,034.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code 230 Washington Square, North Suite 208 Lansing, 48933 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Michigan Dental PAC Occupation Aggregate Year-to-Date > \$ 35,707.50	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 4,475.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 12
FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48933</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 35,807.50</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>132 Church Street Burlington, 05401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Vermont Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 1,440.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 30.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48933</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 35,807.50</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48933</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 36,007.50</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48933</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 38,107.50</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48933</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 36,207.50</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 6,900.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>

BUSBTOTAL of Receipts This Page (optional) \$30.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 12
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NAME OF COMMITTEE (In Full)
American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	06/26/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > 3	7,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	06/26/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > 4	7,100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	05/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > 5	7,200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	06/26/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > 6	7,300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	05/26/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > 7	7,400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
230 Washington Square, North Suite 208 Lansing, 48933	Michigan Dental PAC	06/26/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > 8	36,307.60	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	06/26/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > 9	7,500.00	

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	05/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	05/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,700.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	05/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,800.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	05/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,900.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	05/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 8,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	05/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 8,100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	05/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 8,200.00	

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **7** OF **12**
FOR LINE NUMBER **12**

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 Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,300.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,400.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,500.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,600.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,700.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,800.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,900.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional) **700.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 12
FOR LINE NUMBER 12

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 Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Aggregate Year-to-Date > \$ 9,000.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Aggregate Year-to-Date > \$ 9,150.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 150.00
C. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Aggregate Year-to-Date > \$ 9,200.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Aggregate Year-to-Date > \$ 9,350.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Aggregate Year-to-Date > \$ 9,450.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Aggregate Year-to-Date > \$ 9,550.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Aggregate Year-to-Date > \$ 9,650.00	Date (month, day, year) 05/25/00	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 12
FOR LINE NUMBER 12

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 Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 9,750.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 9,850.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 9,950.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10,050.00</p>	<p>Date (month, day, year) 05/26/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10,150.00</p>	<p>Date (month, day, year) 05/26/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10,250.00</p>	<p>Date (month, day, year) 05/26/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10,350.00</p>	<p>Date (month, day, year) 05/26/00</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 12
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10,450.00</p>	<p>Date (month, day, year)</p> <p>06/25/00</p>	<p>Amount of Each Receipt This Period</p> <p>100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10,550.00</p>	<p>Date (month, day, year)</p> <p>05/25/00</p>	<p>Amount of Each Receipt This Period</p> <p>100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10,650.00</p>	<p>Date (month, day, year)</p> <p>06/25/00</p>	<p>Amount of Each Receipt This Period</p> <p>100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10,750.00</p>	<p>Date (month, day, year)</p> <p>05/25/00</p>	<p>Amount of Each Receipt This Period</p> <p>100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10,850.00</p>	<p>Date (month, day, year)</p> <p>06/25/00</p>	<p>Amount of Each Receipt This Period</p> <p>100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 8808 Richmond, 23230</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Virginia Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,050.00</p>	<p>Date (month, day, year)</p> <p>05/25/00</p>	<p>Amount of Each Receipt This Period</p> <p>2,400.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>8889 W. Charleston Blvd. Suite B Las Vegas, 89117</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Nevada Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 4,150.00</p>	<p>Date (month, day, year)</p> <p>05/25/00</p>	<p>Amount of Each Receipt This Period</p> <p>200.00</p>

SUBTOTAL of Receipts This Page (optional) **3,100.00**

TOTAL This Period (last page lists line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 1707 Jefferson City, 65102-1707</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Missouri Dental PAC</p> <p>Date (month, day, year) 06/26/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,400.00</p>	<p>Amount of Each Receipt this Period</p> <p>200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 1707 Jefferson City, 65102-1707</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Missouri Dental PAC</p> <p>Date (month, day, year) 05/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,475.00</p>	<p>Amount of Each Receipt this Period</p> <p>75.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>3305 Arctic Blvd. Suite 102 Anchorage, 99503-4875</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Alaska Dental PAC</p> <p>Date (month, day, year) 06/26/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 875.00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 6808 Richmond, 23230</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Virginia Dental PAC</p> <p>Date (month, day, year) 05/28/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 18,875.00</p>	<p>Amount of Each Receipt this Period</p> <p>8,825.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 3368 Austin, TX 78764</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Texas Dental PAC</p> <p>Date (month, day, year) 06/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 3,825.00</p>	<p>Amount of Each Receipt this Period</p> <p>3,825.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 3358 Austin, TX 78764</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Texas Dental PAC</p> <p>Date (month, day, year) 05/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 14,285.00</p>	<p>Amount of Each Receipt this Period</p> <p>10,850.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 3358 Austin, TX 78764</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Texas Dental PAC</p> <p>Date (month, day, year) 05/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 36,765.00</p>	<p>Amount of Each Receipt this Period</p> <p>22,600.00</p>

SUBTOTAL of Receipts This Page (optional) **45,685.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 12
FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 3388 Austin, TX 78764</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Texas Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 40,309.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 3,524.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 3358 Austin, TX 78764</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Texas Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 40,334.00</p>	<p>Date (month, day, year) 05/25/00</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>7 Elk Street Albany, 12207</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer New York State Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 53,605.00</p>	<p>Date (month, day, year) 05/26/00</p>	<p>Amount of Each Receipt this Period 36,316.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 39,864.00

TOTAL This Period (last page this line number only) 124,184.01

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hatch Election Committee 310 South Main Suite 1420 Salt Lake City, UT 84101	Orrin G. Hatch, U.S. SENATE UT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/03/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Pascrell for Congress 63 Quartz Lane Patterson, NJ 07601	Purpose of Disbursement Bill Pascrell, U.S. HOUSE 8th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 05/04/00	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Cooksey for Congress PO Box 143 Manominee, MI 49658	Purpose of Disbursement John Cooksey, U.S. HOUSE 6th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 05/04/00	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Marion Berry for Congress PO Box 8064 Jonesboro, AR 72403	Purpose of Disbursement Marion Berry, U.S. HOUSE 1st AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 05/04/00	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Blumenauer for Congress PO Box 1396 Portland, OR 97207	Purpose of Disbursement Earl Blumenauer, U.S. HOUSE 3rd OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 05/04/00	Amount of Each Disbursement This Period 200.00
F. Full Name, Mailing Address and ZIP Code Re-Elect Congressman Joe Moakley Committee 99 Summer Street Suite 1250 Boston, MA 02110	Purpose of Disbursement JOSEPH MOAKLEY, U.S. HOUSE 8th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 05/04/00	Amount of Each Disbursement This Period 1,600.00
G. Full Name, Mailing Address and ZIP Code Barcia for Congress Comm. PO Box 1243 Bay City, MI 48706	Purpose of Disbursement James A. Barcia, U.S. HOUSE 5th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 05/04/00	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Cummings for Congress PO Box 1831 Baltimore, MD 21203-1831	Purpose of Disbursement Elisah Cummings, U.S. HOUSE 7th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 05/04/00	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Simpson for Congress(Mike) Box 1541 Boise, ID 83701	Purpose of Disbursement Mike Simpson, U.S. HOUSE 2nd ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 05/04/00	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

7,700.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rangel for Congress '98 860 Seventh Avenue New York, NY 10019	Charles B. Rangel, U.S. HOUSE 15th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/04/00	3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lewia for Congress PO Box 247 Redlands, CA 92373	Jerry Lewia, U.S. HOUSE 40th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/04/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Rothman for Congress PO Box 714 Hackensack, NJ 07602	Steve Rothman, U.S. HOUSE 9th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/04/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pastor for Arizona 802 North 3rd Avenue Phoenix, AZ 85003	Ed Pastor, U.S. HOUSE 2nd AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/04/00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Silvestra Reyes for Congress 215 East Yanderl El Paso, TX 79902	Silvestra Reyes, U.S. HOUSE 18th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/10/00	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for Mac Collins PO Box 38 Jonesboro, GA 30237	Mac Collins, U.S. HOUSE 3rd GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/10/00	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John T. Doolittle for Congress 11954 Prospect Hill Gold River, CA 95670	John T. Doolittle, U.S. HOUSE 4th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/00	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RYAN FOR CONGRESS PO Box 1919 Janesville, WI 53647	Paul Ryan, U.S. HOUSE 1st WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/00	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pickering for Congress PO Box 8440 Latol, MS 38441	Chip Pickering, U.S. HOUSE 3rd MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 6
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Henry J. Hyde for Congress Committee PO Box 332 Des Plaines, IL 60016	Henry J. Hyde, U.S. HOUSE 8th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00
Committee for Gerald C. Jerry Weller 1309 Union Street Morris, IL 60450	Gerald C. Jerry Weller, U.S. HOUSE 11th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00
Volunteer for Shimkus 412 E. Lawrence Springfield, IL 62706	John Shimkus, U.S. HOUSE 20th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00
Judy Biggert for Congress P.O. Box 637 Hinsdale, IL 60522	Biggert, U.S. HOUSE 13th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/16/00	1,000.00
Friends of Ray LaHood 3311 N. Sterling Avenue Suite 10 Peoria, IL 61604	Ray LaHood, U.S. HOUSE 18th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00
Citizens for Dwight Bryan 3178 Republic Blvd. Suite 2 Toledo, OH 43615	Dwight Bryan, U.S. HOUSE 8th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/16/00	600.00
Kuykendall Congressional Committee 1379 Park Western Drive Suite 300 San Pedro, CA 90732	Steve Kuykendall, U.S. HOUSE 36th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/17/00	2,600.00
COMMITTEE FOR CHARLES S. ROBB PO Box 1278 McLean, VA 22101	Charles S. Robb, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/17/00	2,000.00
Mike Ross For Congress Committee PO Box 360 Prescott, AR 71857	ROBB, U.S. HOUSE 4th AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/17/00	2,000.00

SUBTOTAL of Disbursements This Page (optional)

12,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 6
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Thompson For Congress PO Box 1998 St. Helena, CA 94574	Thompson, U.S. HOUSE 1st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	500.00
Committee for Dennis Hastert 15 E. Wilson Batavia, IL 60510	Dennis Hastert, U.S. HOUSE 14th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	1,000.00
Committee for Michael N. Castle PO Box 133 Wilmington, DE 19898	Michael N. Castle, U.S. HOUSE AL DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	500.00
Committee for Robert Menendez P.O. Box 848 Union City, NJ 07087	Robert Menendez, U.S. HOUSE 13th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	1,000.00
Vic Snyder for Congress Committee 1020 West Third Street Little Rock, AR 72201	Vic Snyder, U.S. HOUSE 2nd AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	500.00
Bob Matsui for Congress Committee 555 Capitol Mall Suite 1425 Sacramento, CA 95814	Robert T. Matsui, U.S. HOUSE 5th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	1,000.00
Hoosiers Supporting Steve Buyer for Congress PO Box 712 Monticello, IN 47960	Steve Buyer, U.S. HOUSE 5th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	1,000.00
Lindsey Graham for Congress 337 Bypass 123 PO Box 1155 Seneca, SC 29679	Lindsey Graham, U.S. HOUSE 3rd SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	3,000.00
Frank Pallone for Congress PO Box 3178 Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 5th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	2,000.00

SUBTOTAL of Disbursements This Page (optional)

10,600.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 6
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS TO ELECT RICK LARSEN PO BOX 326 EVERETT, WA 98206	Rick Larsen, U.S. HOUSE 2nd WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/22/00	500.00
Stabenow for Congress PO Box 4945 East Lansing, MI 48829	Debbie Stabenow, U.S. HOUSE 8th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/22/00	5,000.00
Kenny Hulshof for Congress P.O. Box 1621 Columbia, MO 65206	Kenny Hulshof, U.S. HOUSE 9th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/23/00	1,000.00
Committee for Brian P. Bilbray 970 Seacoast Drive #7 Imperial Beach, CA 91932	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/23/00	1,000.00
Ben Cardin for Congress PO Box 65068 Baltimore, MD 21209	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/00	1,000.00
Friends of Jim Saxton PO Box 796 Mount Holly, NJ 08060-9943	H. James Saxton, U.S. HOUSE 3rd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/24/00	1,000.00
Gary Miller for Congress PO Box 4882 Diamond Bar, CA 91766	Gary Miller, U.S. HOUSE 41st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/24/00	1,000.00
Bob Ney for Congress PO Box 490 St. Clairsville, OH 43950	Bob Ney, U.S. HOUSE 18th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/25/00	1,000.00
Friends of DiCiccio 16533 South 41st Place Phoenix, AZ 85048	Sal DiCiccio, U.S. HOUSE 1st AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/29/00	1,500.00

SUBTOTAL of Disbursements This Page (optional)

13,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ADAM PUTNAM FOR CONGRESS PO Box 2426 Barrow, FL 33831	ADAM PUTNAM, U.S. HOUSE 12th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/25/00	1,500.00
B. Full Name, Mailing Address and ZIP Code Conte. to Respect Congressw. Marge Roukema PO Box 626 Ridgewood, NJ 07451	Marge Roukema, U.S. HOUSE 5th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/25/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Schakowsky for Congress 990 Grove Avenue Suite 203 Evanston, IL 60201	Jandce Schakowsky, U.S. HOUSE 8th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/26/00	500.00
D. Full Name, Mailing Address and ZIP Code Committee for Nita M. Lowey 105 Beverly Road Rye, NY 10580	Nita M. Lowey, U.S. HOUSE 18th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/30/00	2,000.00
E. Full Name, Mailing Address and ZIP Code (Tom) Barrett for Congress 7720 Rogers Avenue Wauwatosa, WI 53213	Thomas M. Barrett, U.S. HOUSE 6th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/30/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

57,200.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>6-14-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>jel</i> PREPARER	<i>6-14-00</i> DATE PREPARED