ADPAC

11th Floor 1111 14th Street, N.W. Washington, D.C. 20005 (202) 898-2424

American Dental
Political Action Committee

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
FEB 7 7 53 AM '98

February 4, 1998

Ms. Monica Johnson
Federal Election Commission
Reports Analysis Division
999 E Street, N.W.
Washington, DC 20463

Dear Ms. Johnson:

Enclosed please find the amended Year-End 1996 report which we spoke about earlier. This amended report reflects the new beginning balance used for the 1997 reports.

If you need further information, please contact me at 202-789-5172. Thank you so much for all of your assistance.

Sincerely,

Cynthia J. Pickett
ADPAC Manager

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 7 7 53 AM '98

1. NAME OF COMMITTEE (in full)
American Dental Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1111 14th Street, NW Suite 1100

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C00000729

3. [X] This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

[a]
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- [X] 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 preceeding _____ (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? [X] YES ☐ NO

SUMMARY

5. Covering Period 11/26/96 through 12/31/96

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1996		$ 336,225.49
(b) Cash on Hand at Beginning of Reporting Period	$ -12,785.39	
(c) Total Receipts (from line 19)	$ 45,125.48	$ 712,123.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 32,340.09	$ 1,064,348.59
7. Total Disbursements (from Line 30)	$ 3,249.11	$ 1,035,257.61
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 29,090.98	$ 29,090.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Signature of Treasurer: Francis X. McLaughlin, Jr.

Date: FEB/4/98

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

FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE American Dental Political Action Committee

REPORT COVERING PERIOD FROM: 11/26/96 TO: 12/31/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	0.00	0.00
ii. Unitemized	0.00	0.00
iii. Total (add i and ii) >	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add aiii,b and c) >	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	45,044.62	711,306.32
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	2,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	80.86	14,316.78
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	45,125.48	728,123.10
20. Total Federal Receipts (subtract line 18 from line 19) >	45,125.48	728,123.10
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	399.11	1,961.18
c. Total Operating Expenditures (Add ai,aii, and b) >	399.11	1,961.18
22. Transfers to Affiliated/Other Party Committees	0.00	1,270.08
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,850.00	1,020,951.35
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	0.00	11,075.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	3,249.11	1,035,257.61
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	3,249.11	1,035,257.61
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d)	0.00	0.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32)	0.00	0.00
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	399.11	1,961.18
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	399.11	1,961.18

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 10
			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 2229 Concord, 03302-2229	New Hampshire Dental PAC	11/27/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 450.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
83 Speen Street Natick, 01760	Massachusetts Dental PAC	11/27/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 10,609.15		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
83 Speen Street Natick, 01760	Massachusetts Dental PAC	11/27/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 10,709.15		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
83 Speen Street Natick, 01760	Massachusetts Dental PAC	11/27/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 10,809.15		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
1111 E. Tennessee Street Suite 102 Tallahassee, 32308-6914	Florida Dental PAC	11/27/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 23,225.05		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC	11/27/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 27,922.50		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
1002 Kanawha Valley Building 300 Capitol Street Charleston, 25301	West Virginia Dental PAC	11/27/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 3,375.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	625.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 10
	FOR LINE NUMBER 12

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 / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
2033 6th Avenue Suite 333 Seattle, 98121 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Washington Dental PAC Occupation Aggregate Year-to-date > $ 13,979.00	11/27/96	25.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Student Dental Association Occupation Aggregate Year-to-date > $ 450.00	11/27/96	5.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Student Dental Association Occupation Aggregate Year-to-date > $ 455.00	11/27/96	5.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Student Dental Association Occupation Aggregate Year-to-date > $ 460.00	11/27/96	5.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
132 Church Street Burlington, 05401 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Vermont Dental PAC Occupation Aggregate Year-to-date > $ 3,105.00	11/27/96	1,080.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
1111 E. Tennessee Street Suite 102 Tallahassee, 32308-6914 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Florida Dental PAC Occupation Aggregate Year-to-date > $ 23,262.55	11/27/96	37.50
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
PO Box 1707 Jefferson City, 65102-1707 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Missouri Dental PAC Occupation Aggregate Year-to-date > $ 6,155.00	11/27/96	125.00

SUB TOTAL of Receipts This Page (Optional) >	1,282.50
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 10
	FOR LINE NUMBER 12

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
PO Box 3358 Austin, 78764	Texas Dental PAC Occupation	11/27/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 35,547.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC Occupation	12/06/96	1,900.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 7,525.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
PO Box 1707 Jefferson City, 65102-1707	Missouri Dental PAC Occupation	12/06/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 6,180.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
PO Box 1707 Jefferson City, 65102-1707	Missouri Dental PAC Occupation	12/06/96	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 6,405.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
PO Box 2229 Concord, 03302-2229	New Hampshire Dental PAC Occupation	12/06/96	3,225.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 3,675.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
PO Box 120188 Nashville, 37212	Tennessee Dental PAC Occupation	12/06/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 17,810.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
83 Speen Street Natick, 01760	Massachusetts Dental PAC Occupation	12/13/96	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 10,884.15		

SUB TOTAL of Receipts This Page (Optional) ..... >	5,975.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 10
	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 6906 Richmond, 23230	Virginia Dental PAC	12/13/96	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 10,550.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
PO Box 6906 Richmond, 23230	Virginia Dental PAC	12/13/96	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 10,700.00		

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	12/13/96	40.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 13,823.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
1111 E. Tennessee Street Suite 102 Tallahassee, 32308-6914	Florida Dental PAC	12/13/96	7,901.12
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 31,163.67		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
2033 6th Avenue Suite 333 Seattle, 98121	Washington Dental PAC	12/13/96	1,145.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 15,124.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
PO Box 1707 Jefferson City, 65102-1707	Missouri Dental PAC	12/13/96	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 7,405.00		

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	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 13,923.00		

SUB TOTAL of Receipts This Page (Optional) >	10,411.12
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 10
	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
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 14,023.00		

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	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 14,123.00		

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	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 14,223.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 465.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 470.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 475.00		

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	12/23/96	325.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 14,548.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	640.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 10
	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
5200 S.W. Huntoon Street Topeka, 66604	Kansas Dental PAC Occupation	12/23/96	1,350.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 14,400.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
PO Box 1707 Jefferson City, 65102-1707	Missouri Dental PAC Occupation	12/23/96	625.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 8,030.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC Occupation	12/23/96	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 28,147.50		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	10.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 485.00		

E. 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 Occupation	12/23/96	6,950.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 42,190.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC Occupation	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 28,247.50		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC Occupation	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 28,347.50		

SUB TOTAL of Receipts This Page (Optional) ---------->	9,360.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 10
	FOR LINE NUMBER 12

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
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC Occupation	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 28,447.50		

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 Occupation	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 14,648.00		

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 Occupation	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 14,748.00		

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 Occupation	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 14,848.00		

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 Occupation	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 14,948.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC Occupation	12/23/96	535.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 28,982.50		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC Occupation	12/23/96	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 29,057.50		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,110.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 10
	FOR LINE NUMBER 12

SCHEDULE A ITEMIZED RECEIPTS

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
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC Occupation	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 29,157.50		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC Occupation	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 29,257.50		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC Occupation	12/23/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 29,357.50		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 490.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 495.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 505.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	320.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 9 OF 10
	FOR LINE NUMBER 12

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
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 510.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 515.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 520.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 525.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 530.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
211 East Chicago Avenue Chicago, IL 60611	American Student Dental Association Occupation	12/23/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 535.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC Occupation	12/26/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 29,457.50		

SUB TOTAL of Receipts This Page (Optional) >	130.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 OF 10
	FOR LINE NUMBER 12

SCHEDULE A ITEMIZED RECEIPTS

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
A. PO Box 1707 Jefferson City, 65102-1707 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Missouri Dental PAC Occupation Aggregate Year-to-date > $ 8,130.00	12/26/96	100.00
B. PO Box 3358 Austin, 78764 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Texas Dental PAC Occupation Aggregate Year-to-date > $ 50,538.00	12/26/96	14,991.00
C. PO Box 2467 Indianapolis, 46206-2467 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Indiana Dental PAC Occupation Aggregate Year-to-date > $ 17,859.50	12/26/96	100.00
D. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $	Date (Month day,Year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $	Date (Month day,Year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $	Date (Month day,Year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $	Date (Month day,Year)	Amount of Each Receipt this Period

SUB TOTAL of Receipts This Page (Optional) >	15,191.00
TOTAL this Period (Last page this line number only) >	45,044.62

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

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
, DC	Crestar Hard Dollar Acct	11/30/96	0.50
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 1,772.87		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
, MD	Mellon Hard Dollar Acct	11/30/96	28.73
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 2,041.57		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
, NJ	Dreyfus Hard Dollar Acct	11/30/96	13.35
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 10,464.06		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
, MD	Mellon Hard Dollar Acct	12/31/96	34.01
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 2,075.58		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
, NJ	Dreyfus Hard Dollar Acct	12/31/96	3.80
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 10,467.86		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
, DC	Crestar Hard Dollar Acct	12/31/96	0.47
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $ 1,773.34		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation		
	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	80.86
TOTAL this Period (Last page this line number only) >	80.86

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 21B

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 Crestar Hard Dollar Account 1445 New York Avenue Washington, DC 20005	Purpose of Disbursement service charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 11/30/96	Amount of Each Disb. this Period 32.00
B. Full Name, Mailing Address and Zip Code Mellon Hard Dollar Account , MD	Purpose of Disbursement service charges (credit cards, stop payments) Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 11/30/96	Amount of Each Disb. this Period 333.87
C. Full Name, Mailing Address and Zip Code Mellon Hard Dollar Account , MD	Purpose of Disbursement service charges-credit cards Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 12/31/96	Amount of Each Disb. this Period 12.24
D. Full Name, Mailing Address and Zip Code Crestar Hard Dollar Account 1445 New York Avenue Washington, DC 20005	Purpose of Disbursement service charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 12/31/96	Amount of Each Disb. this Period 21.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	399.11
TOTAL this Period (Last page this line number only) ..... >	399.11

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Friends of Steve Stockman	Steve Stockman, U.S. HOUSE 9th TX [ ] Primary [ ] General [X] Other (Specify) '96 Special Congressional	11/26/96	1,500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Brady for Congress	Kevin Brady, U.S. HOUSE 8th TX [ ] Primary [ ] General [X] Other (Specify) '96 Special Congressional	11/26/96	1,500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Ken Bentsen, Jr. for Congress	Ken Bentsen, U.S. HOUSE 25th TX [ ] Primary [ ] General [X] Other (Specify) '96 Special Congressional	11/26/96	1,500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Kenny Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	Kenny Hulshof, U.S. HOUSE 9th MO [ ] Primary [ ] General [X] Other (Specify) 1996 Debt Retirement	11/26/96	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Rogan for Congress 3525 North Verdugo Road Glendale, CA 91028	Voided Check-not rec'd., returned in mail [ ] Primary [X] General [ ] Other (Specify) 1996	12/13/96	-1,500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Frank Riggs for Congress PO Box 590 Windsor, CA 95492	Voided Check-not rec'd., returned in mail [ ] Primary [X] General [ ] Other (Specify) 1996	12/13/96	-150.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Upton For All Of Us PO Box 490 St. Joseph, MI 49085	Voided Check-unable to deliver before election [ ] Primary [X] General [ ] Other (Specify) 1996	12/13/96	-1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
	[ ] Primary [ ] General [ ] Other (Specify)		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
	[ ] Primary [ ] General [ ] Other (Specify)		

SUB TOTAL of Disbursements this page (Optional) ---------->	2,850.00
TOTAL this Period (Last page this line number only) ---------->	2,850.00

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 recived.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 3-4-98
☐	Registerd/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	DATE PREPARED 3-8-98

(7/97)