

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Dental Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		491747.10
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	669221.77									
(c) Total Receipts (from Line 19)	97274.18	759822.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	766495.95	1251570.07								
7. Total Disbursements (from Line 31)	178129.70	663203.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	588366.25	588366.25								
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									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Dental Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12410.00	27240.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	75256.00	612296.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)	87666.00	639536.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	87666.00	639536.24
12. Transfers From Affiliated/Other Party Committees	9354.16	117460.97
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	254.02	2825.76
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	97274.18	759822.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	97274.18	759822.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	129.70	2345.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	129.70	2345.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	178000.00	657000.00
24. Independent Expenditure (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 Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements.....	0.00	3858.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	178129.70	663203.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	178129.70	663203.82

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	87666.00	639536.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87666.00	639536.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	129.70	2345.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	129.70	2345.82

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
North Carolina Dental PAC

Mailing Address PO Box 4099

City State Zip Code
Cary NC 27519

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
44960.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: 6706113

Amount of Each Receipt this Period
7640.00

B. Full Name (Last, First, Middle Initial)
Nevada Dental PAC

Mailing Address 8863 W Flamingo Rd., Ste 102

City State Zip Code
Las Vegas NV 89147

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3780.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: 6796171

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
California Dental PAC

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19383.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: 6796182

Amount of Each Receipt this Period
1239.16

SUBTOTAL of Receipts This Page (optional) ► **8999.16**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 47
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Indiana Dental PAC		Date of Receipt
Mailing Address PO Box 2467		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 6 / 2 0 0 8
City	State	Zip Code
Indianapolis	IN	46206
FEC ID number of contributing federal political committee.		Transaction ID: 6805944
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 120.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 11876.00	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) California Dental PAC		Date of Receipt
Mailing Address PO Box 13749		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 3 / 2 0 0 8
City	State	Zip Code
Sacramento	CA	95853
FEC ID number of contributing federal political committee.		Transaction ID: 6814484
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 235.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 19618.80	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 355.00
TOTAL This Period (last page this line number only)	<input type="text"/> 9354.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 47
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Daniel Patrick Witkowski

Mailing Address 312 Hoff St

City Random Lake State WI Zip Code 53075-1778

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2008

Transaction ID: 6706134

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Thomas Eric Stone

Mailing Address 3904 E Cherokee St

City Springfield State MO Zip Code 65809-2931

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2008

Transaction ID: 6804753

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Jay C Adkins

Mailing Address 5301 50th Street Suite 100

City Lubbock State TX Zip Code 79414-5834

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 12 / 2008

Transaction ID: 6804756

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr Edmund D Effort</p> <p>Mailing Address 320 Fort Duquesne Blvd.</p> <p>City State Zip Code Pittsburgh PA 15222-1121</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation dentist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 12 / 2008</p> <p>Transaction ID: 6804758</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr Gary S Wegman</p> <p>Mailing Address 1900 Holly Rd</p> <p>City State Zip Code Reading PA 19602-1513</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation dentist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 05 / 12 / 2008</p> <p>Transaction ID: 6804759</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr Shanon T Kirchhoff</p> <p>Mailing Address 1589 County Road 618</p> <p>City State Zip Code Cape Girardeau MO 63701-9219</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation dentist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 05 / 12 / 2008</p> <p>Transaction ID: 6804760</p> <p>Amount of Each Receipt this Period 300.00</p>
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SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Bryan Michael Pope

Mailing Address 3120 Citadel Ct

City State Zip Code
Jefferson City MO 65109-5726

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804762

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Robert M Peskin

Mailing Address 3 Robin Ln

City State Zip Code
Plainview NY 11803-2216

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804770

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr Richard James Clark, III

Mailing Address 16 Bayberry Dr

City State Zip Code
Broomall PA 19008-4413

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804771

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 47

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Michael W Etter

Mailing Address 15 Elderberry Dr

City State Zip Code
Medford NJ 08055-3802

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 6804773

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Michael R Breault

Mailing Address 1204 Fernwood Dr

City State Zip Code
Schenectady NY 12309-2618

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 6804774

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr Thomas W Gamba

Mailing Address 2519 S 20th St

City State Zip Code
Philadelphia PA 19145-4204

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 6804775

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Mark C Huberty

Mailing Address 325 River Oaks Dr

City State Zip Code
Sheboygan Falls WI 53085-1087

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804776

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr Lawrence I Lipton

Mailing Address 176 Cross Hwy

City State Zip Code
Westport CT 06880-2841

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804779

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr John Floyd Harrington, Jr

Mailing Address 274 Nelson Rd NW

City State Zip Code
Milledgeville GA 31061-9787

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804784

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 47
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr. Keith T. Collins

Mailing Address 1939 McCulloch Blvd N # 2

City Lk Havasu Cty State AZ Zip Code 86403-5748

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2008

Transaction ID: 6804790

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Neil J Small

Mailing Address 2804 Chariton St

City Oakton State VA Zip Code 22124-1610

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 12 / 2008

Transaction ID: 6804791

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr David N Matthews

Mailing Address 4319 Hartman Rd

City Fort Wayne State IN Zip Code 46807-2546

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2008

Transaction ID: 6804792

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 14 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Edward J Green

Mailing Address 2105 Beattie Rd

City Albany State GA Zip Code 31721-2101

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 12 / 2008
Transaction ID: 6804798
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Dr Bryan J Shanahan

Mailing Address 1130 N Conifer Rd

City Flagstaff State AZ Zip Code 86001-1284

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 12 / 2008
Transaction ID: 6804800
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr James Benjamin Lowe

Mailing Address 2726 W Wilshire Blvd

City Oklahoma City State OK Zip Code 73116-4015

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 12 / 2008
Transaction ID: 6804801
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Linda Lowe	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 2821 NW 58th Street	Transaction ID: 6804802
	City State Zip Code Oklahoma City OK 73112-7002	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Timothy R Kinzel	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 4547 Hackberry Ct	Transaction ID: 6804803
	City State Zip Code Middleton WI 53562-4206	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Gail Kinzel	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 7007 Old South Road	Transaction ID: 6804804
	City State Zip Code Madison WI 53717	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 47

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Michael W Donohoo

Mailing Address 815 N 75th St

City State Zip Code
Wauwatosa WI 53213-3135

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 6804809

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Martin E. Averill

Mailing Address 222 Windsor Dr

City State Zip Code
Waterloo IA 50701-4161

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 6804811

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Philip L Nauert

Mailing Address 4604 Holt St

City State Zip Code
Bellaire TX 77401-5809

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 6804815

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 47
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr William Glecos

Mailing Address 3408 State Street

City Erie State PA Zip Code 16508-2888

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804816

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr Edward Feinberg

Mailing Address Ste 322
14 Harwood Ct

City Scarsdale State NY Zip Code 10583-4120

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804817

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Ms. Mary McCue

Mailing Address 2224 Gold Rush Ave

City Helena State MT Zip Code 59601-5818

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

Name of Employer Montana Dental Assoc Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2008

Transaction ID: 6805939

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional)	810.00
TOTAL This Period (last page this line number only)	12410.00

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

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

FOR LINE NUMBER: PAGE 18 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

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

Mailing Address 1500 Vermont Ave Nw

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1205.76

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 8

Transaction ID: 6849065

Amount of Each Receipt this Period
254.02

SUBTOTAL of Receipts This Page (optional)	▶	254.02
TOTAL This Period (last page this line number only)	▶	254.02

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Heath Shuler For Congress Mailing Address PO Box 97 City Hazelwood State NC Zip Code 28738 Purpose of Disbursement Check delivered to Campaign (re-issue of check sent to Dr. Brad Morgan) Candidate Name Rep. Heath Shuler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6722634 Date of Disbursement 05 / 01 / 2008
	Amount of Each Disbursement this Period 5000.00 Check delivered to Campaign (re-issue of check sent to Dr. Brad Morgan)

B. Full Name (Last, First, Middle Initial) Cmte To Elect Artur Davis Mailing Address PO Box 1845 City Birmingham State AL Zip Code 35201 Purpose of Disbursement Check sent to Mr. Wayne McMahan Candidate Name Artur Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6722639 Date of Disbursement 05 / 01 / 2008
	Amount of Each Disbursement this Period 2000.00 Check sent to Mr. Wayne McMahan

C. Full Name (Last, First, Middle Initial) Schock For Congress Mailing Address PO Box 10555 City Peoria State IL Zip Code 61612 Purpose of Disbursement Check sent to Campaign-May 5th Reception attended by Dr. Kevin Nelson Candidate Name Mr. Aaron Schock Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6722640 Date of Disbursement 05 / 01 / 2008
	Amount of Each Disbursement this Period 2500.00 Check sent to Campaign-May 5th Reception attended by Dr. Kevin Nelson

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) John Larson For Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement Check sent to Campaign (re-issue of check sent to Dr. William MacDonnell for meeting 4/18/2008)</p> <p>Candidate Name John Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6722642 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign (re-issue of check sent to Dr. William MacDonnell for meeting 4/18/2008)</p>
<p>B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008</p> <p>Candidate Name Rep. Christopher S. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6722643 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008</p>
<p>C. Full Name (Last, First, Middle Initial) Courtney For Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008</p> <p>Candidate Name Rep. Joseph D. Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6722645 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Courtney For Congress Mailing Address 38 Risley Road City Vernon State CT Zip Code 06066 Purpose of Disbursement Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008 Candidate Name Rep. Joseph D. Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6722649 Date of Disbursement 05 / 01 / 2008
	Amount of Each Disbursement this Period 2000.00 Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008

B. Full Name (Last, First, Middle Initial) Committee For Frank R. Wolf Mailing Address City State VA Zip Code Purpose of Disbursement Check sent to Dr. HJ Barrett, Jr. Candidate Name Frank Wolf Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6722650 Date of Disbursement 05 / 01 / 2008
	Amount of Each Disbursement this Period 2500.00 Check sent to Dr. HJ Barrett, Jr.

C. Full Name (Last, First, Middle Initial) Jay Love for Congress Mailing Address PO Box 3221 City Montgomery State AL Zip Code 36109 Purpose of Disbursement Check sent to Mr. Wayne McMahan Candidate Name Jay Love Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6722654 Date of Disbursement 05 / 01 / 2008
	Amount of Each Disbursement this Period 500.00 Check sent to Mr. Wayne McMahan

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Committee For C.W. Bill Young</p> <p>Mailing Address PO Box 47025</p> <p>City St. Petersburg State FL Zip Code 33743</p> <p>Purpose of Disbursement Check sent to Campaign-event attended by Judy Sherman</p> <p>Candidate Name C.W. Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6744544 Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-event attended by Judy Sherman</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Pastor for Congress</p> <p>Mailing Address 802 North 3rd Avenue</p> <p>City Phoenix State AZ Zip Code 85003</p> <p>Purpose of Disbursement Check sent to Campaign-event attended by Judy Sherman</p> <p>Candidate Name Ed Pastor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6744545 Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-event attended by Judy Sherman</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement Check sent to Dr. William Sulkowski</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6744546 Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. William Sulkowski</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Committee For Mitch McConnell</p> <p>Mailing Address 361-A Russell Senate Office Buildi</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Check delivered by Ken Rich Funds Reported On April 20th Report</p> <p>Candidate Name Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6744549 Date of Disbursement 03 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>[MEMO ITEM] Check delivered by Ken Rich Funds Reported On April 20th Report</p>
<p>B. Full Name (Last, First, Middle Initial) Committee For Mitch McConnell</p> <p>Mailing Address 361-A Russell Senate Office Buildi</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Check delivered by Ken Rich Re-designated funds for trans. dated 3/25/2008</p> <p>Candidate Name Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6744550 Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>[MEMO ITEM] Check delivered by Ken Rich Re-designated funds for trans. dated 3/25/2008</p>
<p>C. Full Name (Last, First, Middle Initial) Mcnerney For Congress</p> <p>Mailing Address 6520 Village Parkway Second Floor</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement Check sent to Campaign-event attended by Jennifer Fisher</p> <p>Candidate Name Rep. Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6755248 Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign-ev-ent attended by Jennifer Fisher</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 47

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

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

A. Full Name (Last, First, Middle Initial)
Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
2nd Floor Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement
Check sent to Dr. Thomas Uribe

Candidate Name
Rep. Henry Cuellar

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2007
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 6791036
Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

2500.00

Check sent to Dr. Thomas Uribe

B. Full Name (Last, First, Middle Initial)
Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Check sent to Dr. Budd Rubin

Candidate Name
Rep. Henry A. Waxman

Office Sought: House
 Senate
 President
State: CA District: 30

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 6791037
Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

500.00

Check sent to Dr. Budd Rubin

C. Full Name (Last, First, Middle Initial)
Akin For Congress

Mailing Address PO Box 31222

City St. Louis State MO Zip Code 63131

Purpose of Disbursement
Check sent to Campaign-event attended by Mike Graham 05/08/2008

Candidate Name
Todd Akin

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 6791040
Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

1000.00

Check sent to Campaign-event attended by Mike Graham 05/08/2008

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial) Battle Born PAC</p> <p>Mailing Address PO Box 370386</p> <p>City Las Vegas State NV Zip Code 89137</p> <p>Purpose of Disbursement Check sent to PAC-event attended by Mike Graham on 05/07/2008</p> <p>Candidate Name Battle Born PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6791042 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to PAC-event attended by Mike Graham on 05/07/2008</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Check delivered by Mr. Fred McDonald</p> <p>Candidate Name Rep. Michael A. Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792521 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Mr. Fred McDonald</p>
<p>C. Full Name (Last, First, Middle Initial) Lummis For Congress</p> <p>Mailing Address 2015 Central Ave Suite 200</p> <p>City Cheyenne State WY Zip Code 82001</p> <p>Purpose of Disbursement Check delivered by Dr. John Roussalis</p> <p>Candidate Name Mr. Cynthia Lummis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792522 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Dr. John Roussalis</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Robert Aderholt For Congress Comm.

Mailing Address 940 Highway 13
PO Box 1158

City Haleyville State AL Zip Code 35565

Purpose of Disbursement
Check delivered by Dr. John Anderson

Candidate Name
Robert Aderholt

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AL District: 04

Transaction ID: 6792523

Date of Disbursement

05 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

Check delivered by Dr. John Anderson

B. Full Name (Last, First, Middle Initial)
Porter For Congress

Mailing Address 7840 Red Leaf Drive

City Las Vegas State NV Zip Code 89131

Purpose of Disbursement
Check delivered by Robert Talley

Candidate Name
Rep. Jon C. Porter

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NV District: 03

Transaction ID: 6792524

Date of Disbursement

05 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

Check delivered by Robert Talley

C. Full Name (Last, First, Middle Initial)
Heller for Congress

Mailing Address PO Box 750580

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Check delivered by Robert Talley

Candidate Name
Dean Heller

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NV District: 02

Transaction ID: 6792525

Date of Disbursement

05 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

Check delivered by Robert Talley

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address 2015 Wallace Rd.</p> <p>City Atlanta State GA Zip Code 30331</p> <p>Purpose of Disbursement Check delivered by Dr. Richard Weinman</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792526 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check delivered by Dr. Richard Weinman</p>
<p>B. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 West Lawrence St</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Check delivered by Dr. John Masak</p> <p>Candidate Name Steven Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792527 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check delivered by Dr. John Masak</p>
<p>C. Full Name (Last, First, Middle Initial) Kerry Committee</p> <p>Mailing Address 308 Massachusetts Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Check delivered by Dr. Robert Alconada</p> <p>Candidate Name John Kerry</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792528 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Check delivered by Dr. Robert Alconada</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Stupak For Congress</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 01</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792529 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Dave Wu For Us Congress</p> <p>Mailing Address 818 Sw Third Ave. #1182</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Check delivered by Dr. William Zepp</p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792530 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Dr. William Zepp</p>
<p>C. Full Name (Last, First, Middle Initial) Brian Baird For Congress</p> <p>Mailing Address PO Box 5016</p> <p>City Vancouver State WA Zip Code 98668</p> <p>Purpose of Disbursement Check delivered by Dr. Keith Collins</p> <p>Candidate Name Rep. Brian Baird</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 03</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792531 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Dr. Keith Collins</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Check delivered by Dr. Alan Mazer</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792532 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Dr. Al-an Mazer</p>
<p>B. Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress</p> <p>Mailing Address P.O. Box 11519</p> <p>City Charleston State WV Zip Code 25339</p> <p>Purpose of Disbursement Check delivered by Dr. Tom Leslie</p> <p>Candidate Name Rep. Shelley Moore Capito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792533 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check delivered by Dr. Tom Leslie</p>
<p>C. Full Name (Last, First, Middle Initial) Engel For Congress</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Check delivered by Dr. BJ Mistry</p> <p>Candidate Name Rep. Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792534 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Dr. BJ Mistry</p>

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Enzi For U.S. Senate Committee

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414

Purpose of Disbursement
Check delivered by Dr. John Roussalis

Candidate Name
Michael Enzi

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: WY District:

Transaction ID: 6792535

Date of Disbursement

05 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

Check delivered by Dr. John Roussalis

B. Full Name (Last, First, Middle Initial)
Phil PAC

Mailing Address PO Box 26366

City State Zip Code
Alexandria VA 22313

Purpose of Disbursement
Check delivered by Dr. William Glecos

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 6792536

Date of Disbursement

05 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

Check delivered by Dr. William Glecos

C. Full Name (Last, First, Middle Initial)
Friends For Harry Reid

Mailing Address PO Box 19163

City State Zip Code
Las Vegas NV 89132

Purpose of Disbursement
Check delivered by Judy Sherman

Candidate Name
Sen. Harry Reid

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NV District:

Transaction ID: 6793033

Date of Disbursement

05 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

Check delivered by Judy Sherman

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: 6793034 Date of Disbursement 05 / 11 / 2008
	Mailing Address PO Box 19163	Amount of Each Disbursement this Period 2500.00
	City Las Vegas State NV Zip Code 89132	
	Purpose of Disbursement Check delivered by Judy Sherman	011 Category/ Type
	Candidate Name Sen. Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check delivered by Judy Sherman

B.	Full Name (Last, First, Middle Initial) CAP PAC	Transaction ID: 6793035 Date of Disbursement 05 / 11 / 2008
	Mailing Address 38 Ivy Street, SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003-4006	
	Purpose of Disbursement Check delivered by Dr. Bob Peskin	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check delivered by Dr. Bob Peskin

C.	Full Name (Last, First, Middle Initial) Gordon Smith For U.S Senate Com	Transaction ID: 6793074 Date of Disbursement 05 / 13 / 2008
	Mailing Address 228 S. Washington Street Suite 200	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Check delivered by Brett Hamilton	011 Category/ Type
	Candidate Name Gordon Smith	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check delivered by Brett Hamilton

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown <hr/> Mailing Address PO Box 76187 Suite 800 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Sherrod Brown <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6793075 Date of Disbursement 05 / 13 / 2008	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Mccotter Congressional Committee <hr/> Mailing Address P.O. Box 530788 <hr/> City Livonia State MI Zip Code 48153 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Thaddeus G. McCotter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6793076 Date of Disbursement 05 / 13 / 2008	Amount of Each Disbursement this Period 3000.00
C.	Full Name (Last, First, Middle Initial) Citizens For Tom Petri <hr/> Mailing Address P.O. Box 270 <hr/> City Fond Du Lac State WI Zip Code 54936 <hr/> Purpose of Disbursement Check sent to Dr. Mark Huberty <hr/> Candidate Name Rep. Thomas E. Petri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6793077 Date of Disbursement 05 / 13 / 2008	Amount of Each Disbursement this Period 2500.00 Check sent to Dr. Mark Huberty

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City Raleigh State NC Zip Code 27602 Purpose of Disbursement Check sent to Dr. Charles Norman Candidate Name Sen. Elizabeth Dole Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6805460 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00 Check sent to Dr. Charles Norman
B.	Full Name (Last, First, Middle Initial) Henry E. Brown For Congress Mailing Address 1035 Dominion Drive City Hanahan State SC Zip Code 29406 Purpose of Disbursement Check sent to Phil Latham Candidate Name Henry Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6805461 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00 Check sent to Phil Latham
C.	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress Mailing Address 2525 N Baker Dr City Canby State OR Zip Code 97013 Purpose of Disbursement Check sent to Brett Hamilton Candidate Name Mr. Kurt Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6805463 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00 Check sent to Brett Hamilton

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Maloney For Congress</p> <p>Mailing Address 49 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 05/14/08</p> <p>Candidate Name Rep. Carolyn B. Maloney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6805464 Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign-Judy Sherman attended event 05/14/08</p>
<p>B. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Committee</p> <p>Mailing Address 422 C St., NE Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6805465 Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement Void-Friends of Harry Reid-Disbursement for Leadership PAC rather than Re-elect</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6805946 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>Void-Friends of Harry Reid-Disbursement for Leadership PAC rather than Re-elect</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement Void - Friends For Harry Reid-Disbursement for Leadership PAC rather than Re-elect <input type="checkbox"/> 011</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6805948 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>Void - Friends For Harry Reid-Disbursement for Leadership PAC rather than Re-elect</p>
<p>B. Full Name (Last, First, Middle Initial) Dirigo PAC</p> <p>Mailing Address PO Box 1355</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement Check sent to Dr. Francis Milano</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806293 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check sent to Dr. Francis Milano</p>
<p>C. Full Name (Last, First, Middle Initial) Steve Austria For Congress</p> <p>Mailing Address 2537 Obetz Dr</p> <p>City Beaver creek State OH Zip Code 45434</p> <p>Purpose of Disbursement Check sent to Dave Owsiany</p> <p>Candidate Name Mr. Steve Austria</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806364 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check sent to Dave Owsiany</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Campbell For Congress</p> <p>Mailing Address 8105 Irvine Center Dr Suite 1170</p> <p>City Irvine State CA Zip Code 92618</p> <p>Purpose of Disbursement Check sent to Dr. Denise Habjan</p> <p>Candidate Name Rep. John Campbell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806448 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Denise Habjan</p>
<p>B. Full Name (Last, First, Middle Initial) Sires for Congress</p> <p>Mailing Address 6050 Blvd East, Apt 6-B</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement Check sent to Jim Schulz</p> <p>Candidate Name Albio Sires</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806450 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Jim Schulz</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens For Tom Petri</p> <p>Mailing Address P.O. Box 270</p> <p>City Fond Du Lac State WI Zip Code 54936</p> <p>Purpose of Disbursement Check sent to Mark Huberty</p> <p>Candidate Name Rep. Thomas E. Petri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806451 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Mark Huberty</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) John Tierney For Congress</p> <p>Mailing Address 49 Federal Street</p> <p>City Salem State MA Zip Code 01970</p> <p>Purpose of Disbursement Check sent to Dr. David Becker</p> <p>Candidate Name John Tierney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806452 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. David Becker</p>
<p>B. Full Name (Last, First, Middle Initial) David Vitter For US Senate</p> <p>Mailing Address PO Box 8175</p> <p>City Metairie State LA Zip Code 70011</p> <p>Purpose of Disbursement Check sent to Dr. Gary Roberts</p> <p>Candidate Name Sen. David Vitter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806453 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Gary Roberts</p>
<p>C. Full Name (Last, First, Middle Initial) Darren White For Congress</p> <p>Mailing Address PO Box 16601</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement Check sent to Mr. Mark Moores</p> <p>Candidate Name Mr. Darren White</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806454 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Mark Moores</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908-I2 Cincinnati Dayton Road</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Check sent to David Owsiany</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806455 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to David Owsiany</p>
<p>B. Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address 2015 Wallace Rd.</p> <p>City Atlanta State GA Zip Code 30331</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806456 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p>C. Full Name (Last, First, Middle Initial) Schiff For Congress</p> <p>Mailing Address 777 S. Figueroa St. Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 05/20/2008</p> <p>Candidate Name Rep. Adam B. Schiff</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806457 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Judy Sherman attended event 05/20/2008</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mark Udall For Congress Inc.</p> <p>Mailing Address 8690 Wolff Court #200</p> <p>City Westminster State CO Zip Code 80031</p> <p>Purpose of Disbursement Check sent to Dr. Rhett Murray</p> <p>Candidate Name Rep. Mark Udall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6812828 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Rhett Murray</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Rodney Alexander For Congress, Inc</p> <p>Mailing Address PO Box 367 319 Nancy Road</p> <p>City Quitman State LA Zip Code 71268</p> <p>Purpose of Disbursement Check sent to Dr. King Scott</p> <p>Candidate Name Rodney Alexander</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6812829 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. King Scott</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Joe Baca</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Check sent to Campaign-event attended by Bill Prentice 04/26/2008</p> <p>Candidate Name Rep. Joseph Baca</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6812830 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-event attended by Bill Prentice 04/26/2008</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
John Sullivan For Congress Inc

Mailing Address Post Office Box 470840

City State Zip Code
Tulsa OK 74147

Purpose of Disbursement
Check sent to Campaign-Jennifer Fisher attended event on 05/20/2008

Candidate Name
Rep. John Sullivan

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 6812831
Date of Disbursement

05 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

Check sent to Campaign-Jennifer Fisher attended event on 05/20/2008

B. Full Name (Last, First, Middle Initial)
Marsha Blackburn for Congress, Inc

Mailing Address PO Box 682185

City State Zip Code
Franklin TN 37068

Purpose of Disbursement
Check sent to Campaign-JP attended event 05/20/2008

Candidate Name
Marsha Blackburn

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 6814002
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

Check sent to Campaign-JP attended event 05/20/2008

C. Full Name (Last, First, Middle Initial)
Solis For Congress

Mailing Address 6380 Wilshire Blvd. #1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
Check sent to Dr. Luis Dominicis

Candidate Name
Rep. Hilda L. Solis

Office Sought: House
 Senate
 President
State: CA District: 32

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 6814003
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

4000.00

Check sent to Dr. Luis Dominicis

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress</p> <p>Mailing Address PO Box 3917</p> <p>City La Mesa State CA Zip Code 91944</p> <p>Purpose of Disbursement Check sent to Dean Chalios</p> <p>Candidate Name Mr. Duncan D. Hunter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6814004 Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 4750.00</p> <p>011 Category/ Type</p> <p>Check sent to Dean Chalios</p>
<p>B. Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress</p> <p>Mailing Address PO Box 3917</p> <p>City La Mesa State CA Zip Code 91944</p> <p>Purpose of Disbursement Check sent to Dean Chalios</p> <p>Candidate Name Mr. Duncan D. Hunter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6814006 Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Check sent to Dean Chalios</p>
<p>C. Full Name (Last, First, Middle Initial) Committee For Jon Kyl</p> <p>Mailing Address PO Box 10246</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Jon Kyl</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6814036 Date of Disbursement 05 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Charlie Dent For Congress	Transaction ID: 6814038 Date of Disbursement 05 / 23 / 2008
	Mailing Address PO Box 442	Amount of Each Disbursement this Period 1000.00
	City Allentown State PA Zip Code 18105	
	Purpose of Disbursement Check sent to Campaign	011 Category/ Type
	Candidate Name Rep. Charles W. Dent	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 15	Check sent to Campaign

B.	Full Name (Last, First, Middle Initial) Dirigo PAC	Transaction ID: 6814040 Date of Disbursement 05 / 23 / 2008
	Mailing Address PO Box 1355	Amount of Each Disbursement this Period -5000.00
	City Alexandria State VA Zip Code 22313	
	Purpose of Disbursement Void - Dirigo PAC-Unable to deliver check within 10 days of receipt	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	Void - Dirigo PAC-Unable to deliver check within 10 days of receipt

C.	Full Name (Last, First, Middle Initial) Dirigo PAC	Transaction ID: 6814041 Date of Disbursement 05 / 23 / 2008
	Mailing Address PO Box 1355	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22313	
	Purpose of Disbursement Check sent to Frances Miliano	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	Check sent to Frances Miliano

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Gordon Smith For U.S Senate Com</p> <p>Mailing Address 228 S. Washington Street Suite 200</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Void - Gordon Smith For U.S Senate Com-check unable to be delivered within 10 days</p> <p>Candidate Name Gordon Smith</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6814046 Date of Disbursement 05 / 23 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>Void - Gordon Smith For U.S Senate Com-check unable to be delivered within 10 days</p>
<p>B. Full Name (Last, First, Middle Initial) Costello For Congress Committee</p> <p>Mailing Address P. O. Box 8250</p> <p>City Belleville State IL Zip Code 62222</p> <p>Purpose of Disbursement Check sent to Darryll Beard</p> <p>Candidate Name Rep. Jerry F. Costello</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6821371 Date of Disbursement 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Darryll Beard</p>
<p>C. Full Name (Last, First, Middle Initial) Jerry Lewis for Congress Committee</p> <p>Mailing Address 2112 Rayburn House Office Building</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Jerry Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6821372 Date of Disbursement 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Norm Dicks For Congress Committee</p> <p>Mailing Address PO Box 1663</p> <p>City Tacoma State WA Zip Code 98401</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Norman Dicks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6821374 Date of Disbursement 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of George Miller</p> <p>Mailing Address PO Box 5864</p> <p>City Concord State CA Zip Code 94524</p> <p>Purpose of Disbursement Check sent to Campaign-Jennifer Fisher attended event 06/04/2008</p> <p>Candidate Name George Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6826344 Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Jennifer Fisher attended event 06/04/2008</p>
<p>C. Full Name (Last, First, Middle Initial) Lisa Murkowski- US Senate</p> <p>Mailing Address PO Box 100847</p> <p>City Anchorage State AK Zip Code 99510</p> <p>Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 05/22/08</p> <p>Candidate Name Lisa Murkowski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6826345 Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Judy Sherman attended event 05/22/08</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Alamo PAC</p> <p>Mailing Address</p> <p>City State Zip Code Austin TX 78701</p> <p>Purpose of Disbursement Check delivered by Kathleen Ford for event 05/30/08</p> <p>Candidate Name Alamo PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6826346 Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Kathleen Ford for event 05/30/08</p>
<p>B. Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC</p> <p>Mailing Address 1350 I Street, NW Ste 560</p> <p>City State Zip Code Washington DC 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6826347 Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) New Democratic Coalition PAC</p> <p>Mailing Address 607 14th St. NW Suite 800</p> <p>City State Zip Code Washington DC 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6826348 Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement
Check sent to Wayne McMahan

Candidate Name
Rep. Michael D. Rogers

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 6826349
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

Check sent to Wayne McMahan

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

178000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 6849067

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

129.70

SUBTOTAL of Disbursements This Page (optional) ►

129.70

TOTAL This Period (last page this line number only) ►

129.70