FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

American Dental Political Action Cmte.

ADDRESS (number and street) ▼

1111 14th Street NW

Suite 1100

Check if different than previously reported. (ACC)

Washington | DC | 20005 –

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00000729

3. IS THIS REPORT — NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Quarterly Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	X Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12G)

Election on ____ in the State of ____

(d) 30-Day **P**ost -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on ____ in the State of ____

5. Covering Period 10 01 2001 through 10 31 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Mr. Frank McLaughlin

Signature of Treasurer: Electronically Filed by Mr. Frank McLaughlin — Date: 11 20 2001

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

Office Use Only			

FEC FORM 3X
(Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
American Dental Political Action Cmte.

Report Covering the Period: From: 10 01 2001 To: 10 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		371576.76
(b) Cash on Hand at Begining of Reporting Period	548564.10	
(c) Total Receipts (from Line 19)	179897.07	674080.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	728461.17	1045657.26
7. Total Disbursements (from Line 30)	26056.52	343252.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	702404.65	702404.65
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	

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

For further information contact:

Federal Election Commission
999 E street, N0/
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 Cmte.

Report Covering the Period: From: 10 01 2001 To: 10 31 2001

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		
(i) Itemized (use Schedule A)	0.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ▶	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	178244.08	654199.34
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 36, page 4)	0.00	1800.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1359.38
17. Other Federal Receipts Dividends, Interest, etc.)	1652.99	16721.78
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	179897.07	674080.50
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	179897.07	674080.50

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Revised 1/2001)

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	56.52	2634.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	56.52	2634.97
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	26000.00	331561.64
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	2050.00
(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	2050.00
29. Other Disbursements	0.00	7006.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	26056.52	343252.61
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	26056.52	343252.61
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	0.00
33. Total Contribution Refunds (from Line 28(d))	0.00	2050.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0.00	-2050.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	56.52	2634.97
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1800.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	56.52	834.97

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 292
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Missing Name
Mailing Address
Avenue Domenich
City | State | Zip Code
Hato Rey | PR | 00918
FEC ID number of contributing federal political committee.
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9629

B.
Full Name (Last, First, Middle Initial)
Missing Name
Mailing Address
Avenue Domenich
City | State | Zip Code
Hato Rey | PR | 00918
FEC ID number of contributing federal political committee.
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9630

C.
Full Name (Last, First, Middle Initial)
Missing Name
Mailing Address
Avenue Domenich
City | State | Zip Code
Hato Rey | PR | 00918
FEC ID number of contributing federal political committee.
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9631

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 292
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
unknown sources unknown name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer | Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9662

B.
Full Name (Last, First, Middle Initial)
unknown sources unknown name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer | Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R9663

C.
Full Name (Last, First, Middle Initial)
unknown sources unknown name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer | Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R9664

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 292
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
unknown sources unknown name
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee.
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 900.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9665

B.
Full Name (Last, First, Middle Initial)
unknown sources unknown name
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee.
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 900.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R9666

C.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 14700.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R182

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 292
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14700.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R183

B.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14700.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R184

C.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14700.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R185

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 292
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14700.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R186

B.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14700.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R187

C.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14700.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R188

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14700.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R189

B.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14700.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R190

C.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14700.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R191

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Alabama Dental PAC
Mailing Address
836 Washington Avenue
City | State | Zip Code
Montgomery | AL | 36104
FEC ID number of contributing federal political committee.
Name of Employer: Alabama Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14700.00
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 12500.00
Check
Transaction ID: R192

B.
Full Name (Last, First, Middle Initial)
Alaska Dental PAC
Mailing Address
3305 Arctic Blvd. Suite 102
City | State | Zip Code
Anchorage | AK | 99503
FEC ID number of contributing federal political committee.
Name of Employer: Alaska Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R22B

C.
Full Name (Last, First, Middle Initial)
Alaska Dental PAC
Mailing Address
3305 Arctic Blvd. Suite 102
City | State | Zip Code
Anchorage | AK | 99503
FEC ID number of contributing federal political committee.
Name of Employer: Alaska Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R23D

SUBTOTAL of Receipts This Page (optional) ▶ **12900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Alaska Dental PAC
Mailing Address
3305 Arctic Blvd. Suite 102
City State Zip Code
Anchorage AK 99503
FEC ID number of contributing federal political committee.
Name of Employer
Alaska Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R231

B.
Full Name (Last, First, Middle Initial)
Alaska Dental PAC
Mailing Address
3305 Arctic Blvd. Suite 102
City State Zip Code
Anchorage AK 99503
FEC ID number of contributing federal political committee.
Name of Employer
Alaska Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R232

C.
Full Name (Last, First, Middle Initial)
American Student Dental A
Mailing Address
211 East Chicago Avenue
City State Zip Code
Chicago IL 60611
FEC ID number of contributing federal political committee.
Name of Employer
American Student Dental Association
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1590.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
50.00
Check
Transaction ID: R787

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
American Student Dental A
Mailing Address
211 East Chicago Avenue
City | State | Zip Code
Chicago | IL | 60611
FEC ID number of contributing federal political committee.
Name of Employer
American Student Dental Association
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1590.00
Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2001
Amount of Each Receipt this Period
50.00
Check
Transaction ID: R788

B.
Full Name (Last, First, Middle Initial)
American Student Dental A
Mailing Address
211 East Chicago Avenue
City | State | Zip Code
Chicago | IL | 60611
FEC ID number of contributing federal political committee.
Name of Employer
American Student Dental Association
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1590.00
Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2001
Amount of Each Receipt this Period
50.00
Check
Transaction ID: R789

C.
Full Name (Last, First, Middle Initial)
American Student Dental A
Mailing Address
211 East Chicago Avenue
City | State | Zip Code
Chicago | IL | 60611
FEC ID number of contributing federal political committee.
Name of Employer
American Student Dental Association
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1590.00
Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001
Amount of Each Receipt this Period
50.00
Check
Transaction ID: R79D

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
American Student Dental A
Mailing Address
211 East Chicago Avenue
City | State | Zip Code
Chicago | IL | 60611
FEC ID number of contributing federal political committee.
Name of Employer
American Student Dental Association
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1590.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
50.00
Check
Transaction ID: R791

B.
Full Name (Last, First, Middle Initial)
American Student Dental A
Mailing Address
211 East Chicago Avenue
City | State | Zip Code
Chicago | IL | 60611
FEC ID number of contributing federal political committee.
Name of Employer
American Student Dental Association
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1590.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
50.00
Check
Transaction ID: R792

C.
Full Name (Last, First, Middle Initial)
American Student Dental A
Mailing Address
211 East Chicago Avenue
City | State | Zip Code
Chicago | IL | 60611
FEC ID number of contributing federal political committee.
Name of Employer
American Student Dental Association
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1590.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
50.00
Check
Transaction ID: R793

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
American Student Dental A
Mailing Address
211 East Chicago Avenue
City | State | Zip Code
Chicago | IL | 60611
FEC ID number of contributing federal political committee.
Name of Employer
American Student Dental Associati-on
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1590.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001
Amount of Each Receipt this Period
50.00
Check
Transaction ID: R794

B.
Full Name (Last, First, Middle Initial)
American Student Dental A
Mailing Address
211 East Chicago Avenue
City | State | Zip Code
Chicago | IL | 60611
FEC ID number of contributing federal political committee.
Name of Employer
American Student Dental Associati-on
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1590.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R799

C.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer
Arizona Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 12 / 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R34B

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer: Arizona Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R349

B.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer: Arizona Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R350

C.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer: Arizona Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2600.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R351

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer: Arizona Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R352

B.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer: Arizona Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R353

C.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer: Arizona Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2600.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R354

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer: Arizona Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R355

B.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer: Arizona Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R356

C.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer: Arizona Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2600.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R357

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Arizona Dental PAC
Mailing Address
4131 North 36th Street
City | State | Zip Code
Phoenix | AZ | 85018
FEC ID number of contributing federal political committee.
Name of Employer: Arizona Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R358

B.
Full Name (Last, First, Middle Initial)
Arkansas Dental PAC
Mailing Address
2501 Crestwood Drive | Suite 205
City | State | Zip Code
North Little Rock | AR | 72116
FEC ID number of contributing federal political committee.
Name of Employer: Arkansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 9210.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R443

C.
Full Name (Last, First, Middle Initial)
Arkansas Dental PAC
Mailing Address
2501 Crestwood Drive | Suite 205
City | State | Zip Code
North Little Rock | AR | 72116
FEC ID number of contributing federal political committee.
Name of Employer: Arkansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 9210.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R444

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Arkansas Dental PAC
Mailing Address
2501 Crestwood Drive | Suite 205
City | State | Zip Code
North Little Rock | AR | 72116
FEC ID number of contributing federal political committee.
Name of Employer: Arkansas Dental PAC | Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 9210.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R445

B.
Full Name (Last, First, Middle Initial)
Arkansas Dental PAC
Mailing Address
2501 Crestwood Drive | Suite 205
City | State | Zip Code
North Little Rock | AR | 72116
FEC ID number of contributing federal political committee.
Name of Employer: Arkansas Dental PAC | Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 9210.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R446

C.
Full Name (Last, First, Middle Initial)
Arkansas Dental PAC
Mailing Address
2501 Crestwood Drive | Suite 205
City | State | Zip Code
North Little Rock | AR | 72116
FEC ID number of contributing federal political committee.
Name of Employer: Arkansas Dental PAC | Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 9210.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R447

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Arkansas Dental PAC
Mailing Address
2501 Crestwood Drive | Suite 205
City | State | Zip Code
North Little Rock | AR | 72116
FEC ID number of contributing federal political committee.
Name of Employer: Arkansas Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 9210.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R448

B.
Full Name (Last, First, Middle Initial)
Arkansas Dental PAC
Mailing Address
2501 Crestwood Drive | Suite 205
City | State | Zip Code
North Little Rock | AR | 72116
FEC ID number of contributing federal political committee.
Name of Employer: Arkansas Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 9210.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R449

C.
Full Name (Last, First, Middle Initial)
Arkansas Dental PAC
Mailing Address
2501 Crestwood Drive | Suite 205
City | State | Zip Code
North Little Rock | AR | 72116
FEC ID number of contributing federal political committee.
Name of Employer: Arkansas Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 9210.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R451

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Arkansas Dental PAC
Mailing Address
2501 Crestwood Drive | Suite 205
City | State | Zip Code
North Little Rock | AR | 72116
FEC ID number of contributing federal political committee.
Name of Employer: Arkansas Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 9210.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R452

B.
Full Name (Last, First, Middle Initial)
Arkansas Dental PAC
Mailing Address
2501 Crestwood Drive | Suite 205
City | State | Zip Code
North Little Rock | AR | 72116
FEC ID number of contributing federal political committee.
Name of Employer: Arkansas Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 9210.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R453

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.
Name of Employer: California Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1262

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1263

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1264

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1265

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1266

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1267

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1268

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1269

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 300.00

Check

Transaction ID: R1270

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1271

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1272

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1273

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1274

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1275

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1276

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1277

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1278

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1279

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1280

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1281

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1282

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1283

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1284

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1285

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1286

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1287

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1288

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1289

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1290

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1291

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1292

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1283

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1284

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1285

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1286

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1287

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1288

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1269

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R13D0

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R13D1

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
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.
Name of Employer
California Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
14800.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R1302

B.
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.
Name of Employer
California Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
14800.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R1303

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.
Name of Employer
California Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
14800.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R1304

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1305

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1306

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R1307

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1308

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1309

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1310

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1311

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1312

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R1313

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 202
(check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 14800.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

Check

Transaction ID: R1316

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 14800.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

Check

Transaction ID: R1317

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 14800.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

Check

Transaction ID: R1318

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1319

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1320

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1321

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 202
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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼: 14800.00

Transaction ID: R1322

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼: 14800.00

Transaction ID: R1323

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼: 14800.00

Transaction ID: R1324

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

Check

Transaction ID: R1325

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

Check

Transaction ID: R1326

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

Check

Transaction ID: R1327

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1328

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1329

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1330

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 45 / 202
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R1331

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R1332

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853
FEC ID number of contributing federal political committee.
Name of Employer: California Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R1333

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 202
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1334

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1335

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1336

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 202
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1337

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1338

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1339

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 48 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

Check

Transaction ID: R1340

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

Check

Transaction ID: R1341

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 14800.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

Check

Transaction ID: R1342

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1343

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1344

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1345

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1346

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1347

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1348

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1349

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1350

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1351

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1352

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1353

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
14800.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

Check

Transaction ID: R1354

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼: 14800.00

Transaction ID: R1355

B.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼: 14800.00

Transaction ID: R1356

C.
Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address
PO Box 13749
City: Sacramento | State: CA | Zip Code: 95853

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 100.00

FEC ID number of contributing federal political committee.

Name of Employer: California Dental PAC
Occupation:

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼: 14800.00

Transaction ID: R1357

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1487

B.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1488

C.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1489

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1480

B.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1481

C.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1482

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1483

B.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1484

C.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1485

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1486

B.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1487

C.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1488

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1469

B.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1500

C.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite | Suite 100
City | State | Zip Code
Denver | CO | 80237
FEC ID number of contributing federal political committee.
Name of Employer: Colorado Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 6105.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1501

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 59 / 202
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite Suite 100
City State Zip Code
Denver CO 80237
FEC ID number of contributing federal political committee.
Name of Employer
Colorado Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
6105.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R1502

B.
Full Name (Last, First, Middle Initial)
Colorado Dental PAC
Mailing Address
3690 South Yosemite Suite 100
City State Zip Code
Denver CO 80237
FEC ID number of contributing federal political committee.
Name of Employer
Colorado Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
6105.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R1503

C.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City State Zip Code
Hartford CT 06106
FEC ID number of contributing federal political committee.
Name of Employer
Connecticut Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
7150.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R1610

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 60 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1611

B.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1612

C.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1613

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 202
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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1614

B.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1615

C.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1616

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1617

B.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1618

C.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R1619

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R1620

B.
Full Name (Last, First, Middle Initial)
Connecticut Dental PAC
Mailing Address
62 Russ Street
City | State | Zip Code
Hartford | CT | 06106
FEC ID number of contributing federal political committee.
Name of Employer: Connecticut Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 7150.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1621

C.
Full Name (Last, First, Middle Initial)
Delaware Dental PAC
Mailing Address
1925 Lovering Avenue
City | State | Zip Code
Wilmington | DE | 19806
FEC ID number of contributing federal political committee.
Name of Employer: Delaware Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R1614

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
District of Columbia Dent
Mailing Address
502 C Street, N.E.
City: Washington | State: DC | Zip Code: 20002

Date of Receipt: 10 12 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period: 200.00

Name of Employer: District of Columbia Dental PAC
Occupation:

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼: 2825.00

Transaction ID: R1843

B.
Full Name (Last, First, Middle Initial)
District of Columbia Dent
Mailing Address
502 C Street, N.E.
City: Washington | State: DC | Zip Code: 20002

Date of Receipt: 10 13 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period: 200.00

Name of Employer: District of Columbia Dental PAC
Occupation:

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼: 2825.00

Transaction ID: R1844

C.
Full Name (Last, First, Middle Initial)
District of Columbia Dent
Mailing Address
502 C Street, N.E.
City: Washington | State: DC | Zip Code: 20002

Date of Receipt: 10 19 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period: 200.00

Name of Employer: District of Columbia Dental PAC
Occupation:

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼: 2825.00

Transaction ID: R1845

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2283

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2284

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2285

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 66 / 202
(check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify) ▼
Aggregate Year-to-Date ▼ 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2286

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify) ▼
Aggregate Year-to-Date ▼ 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2287

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify) ▼
Aggregate Year-to-Date ▼ 26600.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2288

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 26800.00
Date of Receipt: M M / D D / Y Y Y Y: 10 / 12 / 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2269

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 26800.00
Date of Receipt: M M / D D / Y Y Y Y: 10 / 12 / 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R23D0

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 26600.00
Date of Receipt: M M / D D / Y Y Y Y: 10 / 12 / 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R23D1

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2302

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2303

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2304

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2305

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2306

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2307

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 202
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2308

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2309

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2310

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2311

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2312

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2313

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2314

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2315

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2316

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 73 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2317

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2318

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2319

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2320

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2321

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2322

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2323

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2324

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2325

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 26800.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2326

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 26800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2327

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 26600.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2328

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2329

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2330

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2331

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2332

B.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26800.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2334

C.
Full Name (Last, First, Middle Initial)
Florida Dental PAC
Mailing Address
1111 E. Tennessee Street | Suite 102
City | State | Zip Code
Tallahassee | FL | 32308
FEC ID number of contributing federal political committee.
Name of Employer: Florida Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 26600.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2335

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2447

B.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2448

C.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2449

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2450

B.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2451

C.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2452

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2453

B.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R2455

C.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R2456

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2457

B.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2458

C.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2459

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 202
(check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2460

B.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2461

C.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2462

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2463

B.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2464

C.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2465

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2466

B.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2467

C.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2468

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2469

B.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2470

C.
Full Name (Last, First, Middle Initial)
Georgia Dental PAC
Mailing Address
2801 Buford Highway | Suite T60
City | State | Zip Code
Atlanta | GA | 30329
FEC ID number of contributing federal political committee.
Name of Employer: Georgia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 4800.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R2471

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Hawaii Dental PAC
Mailing Address
1000 Bishop Street Suite 805
City State Zip Code
Honolulu HI 96813
FEC ID number of contributing federal political committee.
Name of Employer
Hawaii Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3175.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R2518

B.
Full Name (Last, First, Middle Initial)
Hawaii Dental PAC
Mailing Address
1000 Bishop Street Suite 805
City State Zip Code
Honolulu HI 96813
FEC ID number of contributing federal political committee.
Name of Employer
Hawaii Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3175.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R2519

C.
Full Name (Last, First, Middle Initial)
Hawaii Dental PAC
Mailing Address
1000 Bishop Street Suite 805
City State Zip Code
Honolulu HI 96813
FEC ID number of contributing federal political committee.
Name of Employer
Hawaii Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3175.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R2520

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Hawaii Dental PAC
Mailing Address
1000 Bishop Street Suite 805
City State Zip Code
Honolulu HI 96813
FEC ID number of contributing federal political committee.
Name of Employer
Hawaii Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3175.00
Date of Receipt
M M / D D / Y Y Y Y
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R2521

B.
Full Name (Last, First, Middle Initial)
Hawaii Dental PAC
Mailing Address
1000 Bishop Street Suite 805
City State Zip Code
Honolulu HI 96813
FEC ID number of contributing federal political committee.
Name of Employer
Hawaii Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3175.00
Date of Receipt
M M / D D / Y Y Y Y
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R2522

C.
Full Name (Last, First, Middle Initial)
Hawaii Dental PAC
Mailing Address
1000 Bishop Street Suite 805
City State Zip Code
Honolulu HI 96813
FEC ID number of contributing federal political committee.
Name of Employer
Hawaii Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3175.00
Date of Receipt
M M / D D / Y Y Y Y
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R2523

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 202
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Hawaii Dental PAC
Mailing Address
1000 Bishop Street Suite 805
City State Zip Code
Honolulu HI 96813
FEC ID number of contributing federal political committee.
Name of Employer: Hawaii Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3175.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2524

B.
Full Name (Last, First, Middle Initial)
Hawaii Dental PAC
Mailing Address
1000 Bishop Street Suite 805
City State Zip Code
Honolulu HI 96813
FEC ID number of contributing federal political committee.
Name of Employer: Hawaii Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3175.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2525

C.
Full Name (Last, First, Middle Initial)
Idaho Dental PAC
Mailing Address
1220 West Hays Street
City State Zip Code
Boise ID 83702
FEC ID number of contributing federal political committee.
Name of Employer: Idaho Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5950.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2584

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 202
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Idaho Dental PAC
Mailing Address
1220 West Hays Street
City | State | Zip Code
Boise | ID | 83702
FEC ID number of contributing federal political committee.
Name of Employer: Idaho Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2585

B.
Full Name (Last, First, Middle Initial)
Idaho Dental PAC
Mailing Address
1220 West Hays Street
City | State | Zip Code
Boise | ID | 83702
FEC ID number of contributing federal political committee.
Name of Employer: Idaho Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2586

C.
Full Name (Last, First, Middle Initial)
Idaho Dental PAC
Mailing Address
1220 West Hays Street
City | State | Zip Code
Boise | ID | 83702
FEC ID number of contributing federal political committee.
Name of Employer: Idaho Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5950.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2587

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Idaho Dental PAC
Mailing Address
1220 West Hays Street
City | State | Zip Code
Boise | ID | 83702
FEC ID number of contributing federal political committee.
Name of Employer: Idaho Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2588

B.
Full Name (Last, First, Middle Initial)
Idaho Dental PAC
Mailing Address
1220 West Hays Street
City | State | Zip Code
Boise | ID | 83702
FEC ID number of contributing federal political committee.
Name of Employer: Idaho Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5950.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2589

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City | State | Zip Code
Springfield | IL | 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 10950.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2927

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2928

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2929

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2930

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 202
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2931

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2932

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2935

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 12 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2936

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2938

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2939

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2940

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2941

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2942

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2943

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2944

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2945

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2946

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2947

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2948

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2949

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2950

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2951

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2952

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2954

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2955

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2956

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2957

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2958

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2959

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2960

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2961

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2962

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2963

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Illinois Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
10950.00

Transaction ID: R2964

SUBTOTAL of Receipts This Page (optional) ▶ 475.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2965

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2966

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2967

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 282
(check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2968

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2969

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2970

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2971

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2972

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2973

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 282
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☐ 11a ☐ 11b ☐ 11c ☒ 12
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R2974

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2975

C.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2976

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 282
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☐ 11a ☐ 11b ☐ 11c ☒ 12
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2977

B.
Full Name (Last, First, Middle Initial)
Illinois Dental PAC
Mailing Address
PO Box 376 1010 S. 2nd St.(zip-62704)
City State Zip Code
Springfield IL 62705
FEC ID number of contributing federal political committee.
Name of Employer: Illinois Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10950.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R2978

C.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City State Zip Code
Indianapolis IN 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15754.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R3200

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3201

B.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3202

C.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3203

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 109 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3204

B.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3205

C.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3206

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 110 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R3207

B.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R3208

C.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3209

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3210

B.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3211

C.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3212

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3213

B.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3214

C.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3215

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R3216

B.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3217

C.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3218

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3219

B.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 85.00
Check
Transaction ID: R3221

C.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R3222

SUBTOTAL of Receipts This Page (optional) ▶ **385.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206

FEC ID number of contributing federal political committee.

Name of Employer
Indiana Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
15754.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R3223

B.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206

FEC ID number of contributing federal political committee.

Name of Employer
Indiana Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
15754.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R3224

C.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206

FEC ID number of contributing federal political committee.

Name of Employer
Indiana Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
15754.00

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
300.00

Check

Transaction ID: R3225

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R3226

B.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R3227

C.
Full Name (Last, First, Middle Initial)
Indiana Dental PAC
Mailing Address
PO Box 2467
City | State | Zip Code
Indianapolis | IN | 46206
FEC ID number of contributing federal political committee.
Name of Employer: Indiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15754.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R3228

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue Suite 333
City State Zip Code
Des Moines IA 50309
FEC ID number of contributing federal political committee.
Name of Employer
Iowa Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
5220.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R3673

B.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue Suite 333
City State Zip Code
Des Moines IA 50309
FEC ID number of contributing federal political committee.
Name of Employer
Iowa Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
5220.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R3674

C.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue Suite 333
City State Zip Code
Des Moines IA 50309
FEC ID number of contributing federal political committee.
Name of Employer
Iowa Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
5220.00
Date of Receipt
M M / D D / Y Y Y Y
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R3675

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue | Suite 333
City | State | Zip Code
Des Moines | IA | 50309
FEC ID number of contributing federal political committee.
Name of Employer: Iowa Dental PAC | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5220.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3676

B.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue | Suite 333
City | State | Zip Code
Des Moines | IA | 50309
FEC ID number of contributing federal political committee.
Name of Employer: Iowa Dental PAC | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5220.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3677

C.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue | Suite 333
City | State | Zip Code
Des Moines | IA | 50309
FEC ID number of contributing federal political committee.
Name of Employer: Iowa Dental PAC | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5220.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3678

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue | Suite 333
City | State | Zip Code
Des Moines | IA | 50309
FEC ID number of contributing federal political committee.
Name of Employer: Iowa Dental PAC | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5220.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3679

B.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue | Suite 333
City | State | Zip Code
Des Moines | IA | 50309
FEC ID number of contributing federal political committee.
Name of Employer: Iowa Dental PAC | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5220.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3680

C.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue | Suite 333
City | State | Zip Code
Des Moines | IA | 50309
FEC ID number of contributing federal political committee.
Name of Employer: Iowa Dental PAC | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5220.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3681

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue Suite 333
City State Zip Code
Des Moines IA 50309
FEC ID number of contributing federal political committee.
Name of Employer
Iowa Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
5220.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R3682

B.
Full Name (Last, First, Middle Initial)
Iowa Dental PAC
Mailing Address
505 5th Avenue Suite 333
City State Zip Code
Des Moines IA 50309
FEC ID number of contributing federal political committee.
Name of Employer
Iowa Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
5220.00
Date of Receipt
M M / D D / Y Y Y Y
10 19 2001
Amount of Each Receipt this Period
25.00
Check
Transaction ID: R3683

C.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City State Zip Code
Topeka KS 66604
FEC ID number of contributing federal political committee.
Name of Employer
Kansas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
15820.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R3770

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 282
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City | State | Zip Code
Topeka | KS | 66604
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15820.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3773

B.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City | State | Zip Code
Topeka | KS | 66604
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15820.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3774

C.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City | State | Zip Code
Topeka | KS | 66604
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15820.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3775

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City | State | Zip Code
Topeka | KS | 66604
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15820.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3776

B.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City | State | Zip Code
Topeka | KS | 66604
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15820.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3777

C.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City | State | Zip Code
Topeka | KS | 66604
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15820.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3778

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City | State | Zip Code
Topeka | KS | 66604
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15820.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3779

B.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City | State | Zip Code
Topeka | KS | 66604
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15820.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 40.00
Check
Transaction ID: R3780

C.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City | State | Zip Code
Topeka | KS | 66604
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15820.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3781

SUBTOTAL of Receipts This Page (optional) ▶ 440.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Kansas Dental PAC
Mailing Address
5200 S.W. Huntoon Street
City | State | Zip Code
Topeka | KS | 66604
FEC ID number of contributing federal political committee.
Name of Employer: Kansas Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15820.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R3782

B.
Full Name (Last, First, Middle Initial)
Kentucky Dental PAC
Mailing Address
1940 Princeton Drive
City | State | Zip Code
Louisville | KY | 40205
FEC ID number of contributing federal political committee.
Name of Employer: Kentucky Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1300.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3837

C.
Full Name (Last, First, Middle Initial)
Kentucky Dental PAC
Mailing Address
1940 Princeton Drive
City | State | Zip Code
Louisville | KY | 40205
FEC ID number of contributing federal political committee.
Name of Employer: Kentucky Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1300.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3838

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Kentucky Dental PAC
Mailing Address
1940 Princeton Drive
City | State | Zip Code
Louisville | KY | 40205
FEC ID number of contributing federal political committee.
Name of Employer: Kentucky Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3839

B.
Full Name (Last, First, Middle Initial)
Kentucky Dental PAC
Mailing Address
1940 Princeton Drive
City | State | Zip Code
Louisville | KY | 40205
FEC ID number of contributing federal political committee.
Name of Employer: Kentucky Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3840

C.
Full Name (Last, First, Middle Initial)
Kentucky Dental PAC
Mailing Address
1940 Princeton Drive
City | State | Zip Code
Louisville | KY | 40205
FEC ID number of contributing federal political committee.
Name of Employer: Kentucky Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3841

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 282
(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 Cmte.

A. Full Name (Last, First, Middle Initial)
Kentucky Dental PAC
Mailing Address
1940 Princeton Drive
City | State | Zip Code
Louisville | KY | 40205
FEC ID number of contributing federal political committee.
Name of Employer: Kentucky Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1300.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3842

B. Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3947

C. Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R3948

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3949

B.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3950

C.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3951

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3952

B.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3953

C.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3954

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3955

B.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3956

C.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3957

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3958

B.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3959

C.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City | State | Zip Code
Baton Rouge | LA | 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3960

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Louisiana Dental PAC
Mailing Address
7833 Office Park Blvd.
City: Baton Rouge | State: LA | Zip Code: 70809
FEC ID number of contributing federal political committee.
Name of Employer: Louisiana Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15350.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R3961

B.
Full Name (Last, First, Middle Initial)
Maine Dental PAC
Mailing Address
PO Box 215
City: Manchester | State: ME | Zip Code: 04351
FEC ID number of contributing federal political committee.
Name of Employer: Maine Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5700.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4056

C.
Full Name (Last, First, Middle Initial)
Maine Dental PAC
Mailing Address
PO Box 215
City: Manchester | State: ME | Zip Code: 04351
FEC ID number of contributing federal political committee.
Name of Employer: Maine Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5700.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4057

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Maine Dental PAC
Mailing Address
PO Box 215
City | State | Zip Code
Manchester | ME | 04351
FEC ID number of contributing federal political committee.
Name of Employer: Maine Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5700.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4058

B.
Full Name (Last, First, Middle Initial)
Maine Dental PAC
Mailing Address
PO Box 215
City | State | Zip Code
Manchester | ME | 04351
FEC ID number of contributing federal political committee.
Name of Employer: Maine Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5700.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4059

C.
Full Name (Last, First, Middle Initial)
Maine Dental PAC
Mailing Address
PO Box 215
City | State | Zip Code
Manchester | ME | 04351
FEC ID number of contributing federal political committee.
Name of Employer: Maine Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5700.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4060

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Maine Dental PAC
Mailing Address
PO Box 215
City | State | Zip Code
Manchester | ME | 04351
FEC ID number of contributing federal political committee.
Name of Employer: Maine Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5700.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R4061

B.
Full Name (Last, First, Middle Initial)
Maine Dental PAC
Mailing Address
PO Box 215
City | State | Zip Code
Manchester | ME | 04351
FEC ID number of contributing federal political committee.
Name of Employer: Maine Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5700.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4062

C.
Full Name (Last, First, Middle Initial)
Maine Dental PAC
Mailing Address
PO Box 215
City | State | Zip Code
Manchester | ME | 04351
FEC ID number of contributing federal political committee.
Name of Employer: Maine Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5700.00
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 50.00
Check
Transaction ID: R4064

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045
FEC ID number of contributing federal political committee.
Name of Employer: Maryland Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16917.34
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4173

B.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045
FEC ID number of contributing federal political committee.
Name of Employer: Maryland Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16917.34
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4174

C.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045
FEC ID number of contributing federal political committee.
Name of Employer: Maryland Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16917.34
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4175

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045
FEC ID number of contributing federal political committee.
Name of Employer
Maryland Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
16917.34
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R4176

B.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045
FEC ID number of contributing federal political committee.
Name of Employer
Maryland Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
16917.34
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R4177

C.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045
FEC ID number of contributing federal political committee.
Name of Employer
Maryland Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
16917.34
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R4178

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045
FEC ID number of contributing federal political committee.
Name of Employer: Maryland Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16917.34
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4179

B.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045
FEC ID number of contributing federal political committee.
Name of Employer: Maryland Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16917.34
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R41B0

C.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045
FEC ID number of contributing federal political committee.
Name of Employer: Maryland Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16917.34
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R41B1

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045

FEC ID number of contributing federal political committee.

Name of Employer
Maryland Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
16917.34

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R4182

B.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045

FEC ID number of contributing federal political committee.

Name of Employer
Maryland Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
16917.34

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R4183

C.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045

FEC ID number of contributing federal political committee.

Name of Employer
Maryland Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
16917.34

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R4184

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045

FEC ID number of contributing federal political committee.

Name of Employer
Maryland Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
16917.34

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R4185

B.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045

FEC ID number of contributing federal political committee.

Name of Employer
Maryland Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
16917.34

Date of Receipt
10 22 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R4187

C.
Full Name (Last, First, Middle Initial)
Maryland Dental PAC
Mailing Address
6450 Dobbin Road
City | State | Zip Code
Columbia | MD | 21045

FEC ID number of contributing federal political committee.

Name of Employer
Maryland Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
16917.34

Date of Receipt
10 22 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R4188

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4385

B.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4386

C.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16697.36
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4387

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4388

B.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4389

C.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16697.36
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4390

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 16897.36
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4381

B.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 16897.36
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4382

C.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 16697.36
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4383

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4384

B.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4385

C.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16697.36
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4386

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4387

B.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4388

C.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16697.36
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4389

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 144 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4400

B.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R44D1

C.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16697.36
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R44D2

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 145 / 282
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R4403

B.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 187.50
Check
Transaction ID: R4404

C.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16697.36
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4405

SUBTOTAL of Receipts This Page (optional) ▶ **687.50**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 16897.36
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4406

B.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 16897.36
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4407

C.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 16697.36
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4408

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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FOR LINE NUMBER: PAGE 147 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4409

B.
Full Name (Last, First, Middle Initial)
Massachusetts Dental PAC
Mailing Address
83 Speen Street
City | State | Zip Code
Natick | MA | 01760
FEC ID number of contributing federal political committee.
Name of Employer: Massachusetts Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 16897.36
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4410

C.
Full Name (Last, First, Middle Initial)
Michigan Dental PAC
Mailing Address
290 Washington Square, North Suite 208
City | State | Zip Code
Lansing | MI | 48933
FEC ID number of contributing federal political committee.
Name of Employer: Michigan Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 35877.25
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4922

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 148 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Michigan Dental PAC
Mailing Address
230 Washington Square, North Suite 208
City State Zip Code
Lansing MI 48933
FEC ID number of contributing federal political committee.
Name of Employer
Michigan Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
35877.25
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R4923

B.
Full Name (Last, First, Middle Initial)
Michigan Dental PAC
Mailing Address
230 Washington Square, North Suite 208
City State Zip Code
Lansing MI 48933
FEC ID number of contributing federal political committee.
Name of Employer
Michigan Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
35877.25
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R4924

C.
Full Name (Last, First, Middle Initial)
Michigan Dental PAC
Mailing Address
230 Washington Square, North Suite 208
City State Zip Code
Lansing MI 48933
FEC ID number of contributing federal political committee.
Name of Employer
Michigan Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
35877.25
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R4925

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 149 / 282
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Michigan Dental PAC
Mailing Address
230 Washington Square, North | Suite 208
City | State | Zip Code
Lansing | MI | 48933
FEC ID number of contributing federal political committee.
Name of Employer: Michigan Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 35877.25
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4926

B.
Full Name (Last, First, Middle Initial)
Michigan Dental PAC
Mailing Address
230 Washington Square, North | Suite 208
City | State | Zip Code
Lansing | MI | 48933
FEC ID number of contributing federal political committee.
Name of Employer: Michigan Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 35877.25
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4927

C.
Full Name (Last, First, Middle Initial)
Michigan Dental PAC
Mailing Address
230 Washington Square, North | Suite 208
City | State | Zip Code
Lansing | MI | 48933
FEC ID number of contributing federal political committee.
Name of Employer: Michigan Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 35877.25
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 175.00
Check
Transaction ID: R4928

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Michigan Dental PAC
Mailing Address
230 Washington Square, North | Suite 208
City | State | Zip Code
Lansing | MI | 48933
FEC ID number of contributing federal political committee.
Name of Employer: Michigan Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 35877.25
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4929

B.
Full Name (Last, First, Middle Initial)
Michigan Dental PAC
Mailing Address
230 Washington Square, North | Suite 208
City | State | Zip Code
Lansing | MI | 48933
FEC ID number of contributing federal political committee.
Name of Employer: Michigan Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 35877.25
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4930

C.
Full Name (Last, First, Middle Initial)
Michigan Dental PAC
Mailing Address
230 Washington Square, North | Suite 208
City | State | Zip Code
Lansing | MI | 48933
FEC ID number of contributing federal political committee.
Name of Employer: Michigan Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 35877.25
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R4932

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5032

B.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5033

C.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5034

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5035

B.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5036

C.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5037

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5038

B.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5039

C.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5040

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5041

B.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5042

C.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5043

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Minnesota Dental PAC
Mailing Address
2236 Marshall Avenue
City | State | Zip Code
St. Paul | MN | 55104
FEC ID number of contributing federal political committee.
Name of Employer: Minnesota Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 20825.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5044

B.
Full Name (Last, First, Middle Initial)
Mississippi Dental PAC
Mailing Address
2630 Ridgewood Road
City | State | Zip Code
Jackson | MS | 39216
FEC ID number of contributing federal political committee.
Name of Employer: Mississippi Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2075.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5115

C.
Full Name (Last, First, Middle Initial)
Mississippi Dental PAC
Mailing Address
2630 Ridgewood Road
City | State | Zip Code
Jackson | MS | 39216
FEC ID number of contributing federal political committee.
Name of Employer: Mississippi Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2075.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5116

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Mississippi Dental PAC
Mailing Address
2630 Ridgewood Road
City | State | Zip Code
Jackson | MS | 39216
FEC ID number of contributing federal political committee.
Name of Employer: Mississippi Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2075.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5118

B.
Full Name (Last, First, Middle Initial)
Mississippi Dental PAC
Mailing Address
2630 Ridgewood Road
City | State | Zip Code
Jackson | MS | 39216
FEC ID number of contributing federal political committee.
Name of Employer: Mississippi Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2075.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5119

C.
Full Name (Last, First, Middle Initial)
Mississippi Dental PAC
Mailing Address
2630 Ridgewood Road
City | State | Zip Code
Jackson | MS | 39216
FEC ID number of contributing federal political committee.
Name of Employer: Mississippi Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2075.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5120

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Mississippi Dental PAC
Mailing Address
2630 Ridgewood Road
City | State | Zip Code
Jackson | MS | 39216
FEC ID number of contributing federal political committee.
Name of Employer: Mississippi Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2075.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5121

B.
Full Name (Last, First, Middle Initial)
Mississippi Dental PAC
Mailing Address
2630 Ridgewood Road
City | State | Zip Code
Jackson | MS | 39216
FEC ID number of contributing federal political committee.
Name of Employer: Mississippi Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2075.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R5122

C.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City | State | Zip Code
Jefferson City | MO | 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R5329

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City | State | Zip Code
Jefferson City | MO | 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R5330

B.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City | State | Zip Code
Jefferson City | MO | 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R5331

C.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City | State | Zip Code
Jefferson City | MO | 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5332

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City | State | Zip Code
Jefferson City | MO | 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5333

B.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City | State | Zip Code
Jefferson City | MO | 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5334

C.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City | State | Zip Code
Jefferson City | MO | 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R5335

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

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City: Jefferson City | State: MO | Zip Code: 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5337

B.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City: Jefferson City | State: MO | Zip Code: 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5338

C.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City: Jefferson City | State: MO | Zip Code: 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5339

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City: Jefferson City | State: MO | Zip Code: 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R5340

B.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City: Jefferson City | State: MO | Zip Code: 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R5341

C.
Full Name (Last, First, Middle Initial)
Missouri Dental PAC
Mailing Address
PO Box 1707
City: Jefferson City | State: MO | Zip Code: 65102
FEC ID number of contributing federal political committee.
Name of Employer: Missouri Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 12450.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R5342

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 282
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Montana Dental PAC
Mailing Address
PO Box 1154
City | State | Zip Code
Helena | MT | 59624
FEC ID number of contributing federal political committee.
Name of Employer: Montana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2550.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5380

B.
Full Name (Last, First, Middle Initial)
Montana Dental PAC
Mailing Address
PO Box 1154
City | State | Zip Code
Helena | MT | 59624
FEC ID number of contributing federal political committee.
Name of Employer: Montana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2550.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R53B1

C.
Full Name (Last, First, Middle Initial)
Montana Dental PAC
Mailing Address
PO Box 1154
City | State | Zip Code
Helena | MT | 59624
FEC ID number of contributing federal political committee.
Name of Employer: Montana Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2550.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R53B2

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Nebraska Dental PAC
Mailing Address
3120 O Street
City | State | Zip Code
Lincoln | NE | 68510
FEC ID number of contributing federal political committee.
Name of Employer: Nebraska Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 10025.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5645

B.
Full Name (Last, First, Middle Initial)
Nebraska Dental PAC
Mailing Address
3120 O Street
City | State | Zip Code
Lincoln | NE | 68510
FEC ID number of contributing federal political committee.
Name of Employer: Nebraska Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 10025.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5646

C.
Full Name (Last, First, Middle Initial)
Nebraska Dental PAC
Mailing Address
3120 O Street
City | State | Zip Code
Lincoln | NE | 68510
FEC ID number of contributing federal political committee.
Name of Employer: Nebraska Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 10025.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5647

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 164 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Nebraska Dental PAC
Mailing Address
3120 O Street
City | State | Zip Code
Lincoln | NE | 68510
FEC ID number of contributing federal political committee.
Name of Employer: Nebraska Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 10025.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5648

B.
Full Name (Last, First, Middle Initial)
Nebraska Dental PAC
Mailing Address
3120 O Street
City | State | Zip Code
Lincoln | NE | 68510
FEC ID number of contributing federal political committee.
Name of Employer: Nebraska Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 10025.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5649

C.
Full Name (Last, First, Middle Initial)
Nebraska Dental PAC
Mailing Address
3120 O Street
City | State | Zip Code
Lincoln | NE | 68510
FEC ID number of contributing federal political committee.
Name of Employer: Nebraska Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 10025.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5650

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Nebraska Dental PAC
Mailing Address
3120 O Street
City | State | Zip Code
Lincoln | NE | 68510
FEC ID number of contributing federal political committee.
Name of Employer: Nebraska Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 10025.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5651

B.
Full Name (Last, First, Middle Initial)
Nebraska Dental PAC
Mailing Address
3120 O Street
City | State | Zip Code
Lincoln | NE | 68510
FEC ID number of contributing federal political committee.
Name of Employer: Nebraska Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 10025.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R5652

C.
Full Name (Last, First, Middle Initial)
Nebraska Dental PAC
Mailing Address
3120 O Street
City | State | Zip Code
Lincoln | NE | 68510
FEC ID number of contributing federal political committee.
Name of Employer: Nebraska Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 10025.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5653

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Nevada Dental PAC
Mailing Address
6859 W. Charleston Blvd. Suite B
City State Zip Code
Las Vegas NV 89117
FEC ID number of contributing federal political committee.
Name of Employer
Nevada Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
4024.75
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5744

B.
Full Name (Last, First, Middle Initial)
Nevada Dental PAC
Mailing Address
6859 W. Charleston Blvd. Suite B
City State Zip Code
Las Vegas NV 89117
FEC ID number of contributing federal political committee.
Name of Employer
Nevada Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
4024.75
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5745

C.
Full Name (Last, First, Middle Initial)
Nevada Dental PAC
Mailing Address
6859 W. Charleston Blvd. Suite B
City State Zip Code
Las Vegas NV 89117
FEC ID number of contributing federal political committee.
Name of Employer
Nevada Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
4024.75
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5746

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 167 / 282
(check only one)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Nevada Dental PAC
Mailing Address
6859 W. Charleston Blvd. Suite B
City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing federal political committee.

Name of Employer
Nevada Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
4024.75

Date of Receipt
M M / D D / Y Y Y Y
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R5747

B.
Full Name (Last, First, Middle Initial)
Nevada Dental PAC
Mailing Address
6859 W. Charleston Blvd. Suite B
City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing federal political committee.

Name of Employer
Nevada Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
4024.75

Date of Receipt
M M / D D / Y Y Y Y
10 13 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R5748

C.
Full Name (Last, First, Middle Initial)
Nevada Dental PAC
Mailing Address
6859 W. Charleston Blvd. Suite B
City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing federal political committee.

Name of Employer
Nevada Dental PAC

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
4024.75

Date of Receipt
M M / D D / Y Y Y Y
10 19 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R5750

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New Hampshire Dental PAC
Mailing Address
PO Box 2229
City | State | Zip Code
Concord | NH | 03302
FEC ID number of contributing federal political committee.
Name of Employer
New Hampshire Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3785.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5787

B.
Full Name (Last, First, Middle Initial)
New Hampshire Dental PAC
Mailing Address
PO Box 2229
City | State | Zip Code
Concord | NH | 03302
FEC ID number of contributing federal political committee.
Name of Employer
New Hampshire Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3785.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5788

C.
Full Name (Last, First, Middle Initial)
New Hampshire Dental PAC
Mailing Address
PO Box 2229
City | State | Zip Code
Concord | NH | 03302
FEC ID number of contributing federal political committee.
Name of Employer
New Hampshire Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3785.00
Date of Receipt
M M / D D / Y Y Y Y
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5789

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New Hampshire Dental PAC
Mailing Address
PO Box 2229
City | State | Zip Code
Concord | NH | 03302
FEC ID number of contributing federal political committee.
Name of Employer
New Hampshire Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3785.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
85.00
Check
Transaction ID: R5800

B.
Full Name (Last, First, Middle Initial)
New Hampshire Dental PAC
Mailing Address
PO Box 2229
City | State | Zip Code
Concord | NH | 03302
FEC ID number of contributing federal political committee.
Name of Employer
New Hampshire Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3785.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R58D1

C.
Full Name (Last, First, Middle Initial)
New Hampshire Dental PAC
Mailing Address
PO Box 2229
City | State | Zip Code
Concord | NH | 03302
FEC ID number of contributing federal political committee.
Name of Employer
New Hampshire Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3785.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R58D2

SUBTOTAL of Receipts This Page (optional) ▶ **485.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New Hampshire Dental PAC
Mailing Address
PO Box 2229
City | State | Zip Code
Concord | NH | 03302
FEC ID number of contributing federal political committee.
Name of Employer: New Hampshire Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 3785.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R5803

B.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6063

C.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6064

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6065

B.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6066

C.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6067

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6068

B.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6069

C.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6070

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6071

B.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6072

C.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6073

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6074

B.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6075

C.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6076

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 133.32
Check
Transaction ID: R6078

B.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 433.26
Check
Transaction ID: R6080

C.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6081

SUBTOTAL of Receipts This Page (optional) ▶ **766.58**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address
One Dental Plaza
City | State | Zip Code
North Brunswick | NJ | 08902
FEC ID number of contributing federal political committee.
Name of Employer: New Jersey Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 29009.64
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6082

B.
Full Name (Last, First, Middle Initial)
New Mexico Dental PAC
Mailing Address
3736 Eubank, NE Suite 1-A
City | State | Zip Code
Albuquerque | NM | 87111
FEC ID number of contributing federal political committee.
Name of Employer: New Mexico Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1400.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6145

C.
Full Name (Last, First, Middle Initial)
New Mexico Dental PAC
Mailing Address
3736 Eubank, NE Suite 1-A
City | State | Zip Code
Albuquerque | NM | 87111
FEC ID number of contributing federal political committee.
Name of Employer: New Mexico Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1400.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6146

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
New Mexico Dental PAC
Mailing Address
3736 Eubank, NE Suite 1-A
City State Zip Code
Albuquerque NM 87111
FEC ID number of contributing federal political committee.
Name of Employer
New Mexico Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1400.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6147

B.
Full Name (Last, First, Middle Initial)
New Mexico Dental PAC
Mailing Address
3736 Eubank, NE Suite 1-A
City State Zip Code
Albuquerque NM 87111
FEC ID number of contributing federal political committee.
Name of Employer
New Mexico Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1400.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6148

C.
Full Name (Last, First, Middle Initial)
New Mexico Dental PAC
Mailing Address
3736 Eubank, NE Suite 1-A
City State Zip Code
Albuquerque NM 87111
FEC ID number of contributing federal political committee.
Name of Employer
New Mexico Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1400.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6149

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
New Mexico Dental PAC
Mailing Address
3736 Eubank, NE Suite 1-A
City State Zip Code
Albuquerque NM 87111
FEC ID number of contributing federal political committee.
Name of Employer
New Mexico Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1400.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6150

B.
Full Name (Last, First, Middle Initial)
New Mexico Dental PAC
Mailing Address
3736 Eubank, NE Suite 1-A
City State Zip Code
Albuquerque NM 87111
FEC ID number of contributing federal political committee.
Name of Employer
New Mexico Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
1400.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6151

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City State Zip Code
Albany NY 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6383

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6384

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6385

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6386

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6387

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6388

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6389

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6390

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6391

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6392

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer: New York State Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 55850.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6383

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer: New York State Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 55850.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6384

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer: New York State Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 55650.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6385

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6396

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6397

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6398

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6399

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6400

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6401

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6402

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6403

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
M M / D D / Y Y Y Y
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6404

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6406

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6407

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
M M / D D / Y Y Y Y
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6408

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6409

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6410

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R6411

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R6412

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6413

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6414

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6415

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6416

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
M M / D D / Y Y Y Y
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6417

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 19 2001
Amount of Each Receipt this Period
735.00
Check
Transaction ID: R6419

B.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55850.00
Date of Receipt
M M / D D / Y Y Y Y
10 22 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6420

C.
Full Name (Last, First, Middle Initial)
New York State Dental PAC
Mailing Address
7 Elk Street
City | State | Zip Code
Albany | NY | 12207
FEC ID number of contributing federal political committee.
Name of Employer
New York State Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
55650.00
Date of Receipt
M M / D D / Y Y Y Y
10 22 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R6421

SUBTOTAL of Receipts This Page (optional) ▶ **1135.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5475

B.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5476

C.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5477

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 192 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5478

B.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 12 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5479

C.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5480

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5481

B.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R54B2

C.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R54B3

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5484

B.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5485

C.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5486

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5487

B.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
300.00
Check
Transaction ID: R5488

C.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5489

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

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
North Carolina Dental PAC
Mailing Address
PO Box 4099
City: Cary | State: NC | Zip Code: 27519
FEC ID number of contributing federal political committee.
Name of Employer: North Carolina Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 31350.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5490

B.
Full Name (Last, First, Middle Initial)
North Carolina Dental PAC
Mailing Address
PO Box 4099
City: Cary | State: NC | Zip Code: 27519
FEC ID number of contributing federal political committee.
Name of Employer: North Carolina Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 31350.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5491

C.
Full Name (Last, First, Middle Initial)
North Carolina Dental PAC
Mailing Address
PO Box 4099
City: Cary | State: NC | Zip Code: 27519
FEC ID number of contributing federal political committee.
Name of Employer: North Carolina Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 31350.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5492

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5483

B.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5484

C.
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.
Name of Employer
North Carolina Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
31350.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5485

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
North Carolina Dental PAC
Mailing Address
PO Box 4099
City: Cary | State: NC | Zip Code: 27519
FEC ID number of contributing federal political committee.
Name of Employer: North Carolina Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 31350.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5496

B.
Full Name (Last, First, Middle Initial)
North Carolina Dental PAC
Mailing Address
PO Box 4099
City: Cary | State: NC | Zip Code: 27519
FEC ID number of contributing federal political committee.
Name of Employer: North Carolina Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 31350.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R5497

C.
Full Name (Last, First, Middle Initial)
North Carolina Dental PAC
Mailing Address
PO Box 4099
City: Cary | State: NC | Zip Code: 27519
FEC ID number of contributing federal political committee.
Name of Employer: North Carolina Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 31350.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R5498

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
North Carolina Dental PAC
Mailing Address
PO Box 4099
City: Cary | State: NC | Zip Code: 27519
FEC ID number of contributing federal political committee.
Name of Employer: North Carolina Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 31350.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5469

B.
Full Name (Last, First, Middle Initial)
North Dakota Dental PAC
Mailing Address
PO Box 1332
City: Bismarck | State: ND | Zip Code: 58502
FEC ID number of contributing federal political committee.
Name of Employer: North Dakota Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 3375.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5558

C.
Full Name (Last, First, Middle Initial)
North Dakota Dental PAC
Mailing Address
PO Box 1332
City: Bismarck | State: ND | Zip Code: 58502
FEC ID number of contributing federal political committee.
Name of Employer: North Dakota Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 3375.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R5559

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 200 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
North Dakota Dental PAC
Mailing Address
PO Box 1332
City | State | Zip Code
Bismarck | ND | 58502
FEC ID number of contributing federal political committee.
Name of Employer
North Dakota Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3375.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5560

B.
Full Name (Last, First, Middle Initial)
North Dakota Dental PAC
Mailing Address
PO Box 1332
City | State | Zip Code
Bismarck | ND | 58502
FEC ID number of contributing federal political committee.
Name of Employer
North Dakota Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3375.00
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5561

C.
Full Name (Last, First, Middle Initial)
North Dakota Dental PAC
Mailing Address
PO Box 1332
City | State | Zip Code
Bismarck | ND | 58502
FEC ID number of contributing federal political committee.
Name of Employer
North Dakota Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
3375.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R5562

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 201 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6613

B.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6614

C.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6615

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6616

B.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6617

C.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6618

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R6620

B.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6621

C.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6622

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 204 / 282
(check only one)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6623

B.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6624

C.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6625

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6626

B.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6627

C.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6630

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6631

B.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6632

C.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6633

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6634

B.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6635

C.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R6636

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

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

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 208 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6637

B.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R6638

C.
Full Name (Last, First, Middle Initial)
Ohio Dental PAC
Mailing Address
1370 Dublin Road
City | State | Zip Code
Columbus | OH | 43215
FEC ID number of contributing federal political committee.
Name of Employer: Ohio Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 41725.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6639

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

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SCHEDULE A (FEC Form 3X)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6757

B.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6758

C.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6759

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 210 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6760

B.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6761

C.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6762

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 211 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6763

B.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6764

C.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6765

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 212 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R6766

B.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6767

C.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC | Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R6768

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R6769

B.
Full Name (Last, First, Middle Initial)
Oklahoma Dental PAC
Mailing Address
629 W. Interstate 44 Svc. Rd.
City: Oklahoma City | State: OK | Zip Code: 73118
FEC ID number of contributing federal political committee.
Name of Employer: Oklahoma Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R6770

C.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City: Portland | State: OR | Zip Code: 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 13267.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6933

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 214 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City | State | Zip Code
Portland | OR | 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13267.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6934

B.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City | State | Zip Code
Portland | OR | 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13267.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6935

C.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City | State | Zip Code
Portland | OR | 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13267.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6936

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City | State | Zip Code
Portland | OR | 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13267.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6937

B.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City | State | Zip Code
Portland | OR | 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13267.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6938

C.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City | State | Zip Code
Portland | OR | 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13267.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6939

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City: Portland | State: OR | Zip Code: 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 13267.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6940

B.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City: Portland | State: OR | Zip Code: 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 13267.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6941

C.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City: Portland | State: OR | Zip Code: 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 13267.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6942

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City | State | Zip Code
Portland | OR | 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13267.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6943

B.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City | State | Zip Code
Portland | OR | 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13267.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R6944

C.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City | State | Zip Code
Portland | OR | 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13267.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6945

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

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Oregon Dental PAC
Mailing Address
17898 SW McEwan Road
City | State | Zip Code
Portland | OR | 97224
FEC ID number of contributing federal political committee.
Name of Employer: Oregon Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13267.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R6946

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7202

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7203

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7204

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7205

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R7206

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7207

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7208

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7209

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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FOR LINE NUMBER: PAGE 221 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7210

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7211

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7212

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 222 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R7213

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7214

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7215

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

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer
Pennsylvania Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
14440.00
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7216

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer
Pennsylvania Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
14440.00
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7217

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer
Pennsylvania Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
14440.00
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7218

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 224 / 282
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7219

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7220

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7221

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 225 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7222

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7223

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7224

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 226 / 282
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 40.00
Check
Transaction ID: R7225

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7226

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7227

SUBTOTAL of Receipts This Page (optional) ▶ 440.00

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

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 227 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7228

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7229

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7230

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7231

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7232

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7233

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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(check only one)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7234

B.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7235

C.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7236

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 230 / 282
(check only one)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Pennsylvania Dental PAC
Mailing Address
PO Box 3341
City | State | Zip Code
Harrisburg | PA | 17105
FEC ID number of contributing federal political committee.
Name of Employer: Pennsylvania Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 14440.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R7237

B.
Full Name (Last, First, Middle Initial)
Rhode Island Dental PAC
Mailing Address
200 Centerville Place
City | State | Zip Code
Warwick | RI | 02886
FEC ID number of contributing federal political committee.
Name of Employer: Rhode Island Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5525.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7286

C.
Full Name (Last, First, Middle Initial)
Rhode Island Dental PAC
Mailing Address
200 Centerville Place
City | State | Zip Code
Warwick | RI | 02886
FEC ID number of contributing federal political committee.
Name of Employer: Rhode Island Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 5525.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R7297

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 231 / 282
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☐ 11a ☐ 11b ☐ 11c ☒ 12
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Rhode Island Dental PAC
Mailing Address
200 Centerville Place
City | State | Zip Code
Warwick | RI | 02886
FEC ID number of contributing federal political committee.
Name of Employer: Rhode Island Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 5525.00

Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7288

B.
Full Name (Last, First, Middle Initial)
Rhode Island Dental PAC
Mailing Address
200 Centerville Place
City | State | Zip Code
Warwick | RI | 02886
FEC ID number of contributing federal political committee.
Name of Employer: Rhode Island Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 5525.00

Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7289

C.
Full Name (Last, First, Middle Initial)
Rhode Island Dental PAC
Mailing Address
200 Centerville Place
City | State | Zip Code
Warwick | RI | 02886
FEC ID number of contributing federal political committee.
Name of Employer: Rhode Island Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 5525.00

Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7300

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Rhode Island Dental PAC
Mailing Address
200 Centerville Place
City | State | Zip Code
Warwick | RI | 02886
FEC ID number of contributing federal political committee.
Name of Employer: Rhode Island Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 5525.00
Date of Receipt: 10 23 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7301

B.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3675.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7402

C.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3675.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7403

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3875.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7404

B.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3875.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7405

C.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3675.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7406

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 3875.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7407

B.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 3875.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7408

C.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 3675.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7409

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3875.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7410

B.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3875.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7411

C.
Full Name (Last, First, Middle Initial)
South Carolina Dental PAC
Mailing Address
120 Stonemark Lane
City | State | Zip Code
Columbia | SC | 29210
FEC ID number of contributing federal political committee.
Name of Employer: South Carolina Dental PAC
Occupation
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3675.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R7412

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
South Dakota Dental PAC
Mailing Address
PO Box 1194
City: Pierre | State: SD | Zip Code: 57501
FEC ID number of contributing federal political committee.
Name of Employer: South Dakota Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 3150.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7483

B.
Full Name (Last, First, Middle Initial)
South Dakota Dental PAC
Mailing Address
PO Box 1194
City: Pierre | State: SD | Zip Code: 57501
FEC ID number of contributing federal political committee.
Name of Employer: South Dakota Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 3150.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7484

C.
Full Name (Last, First, Middle Initial)
South Dakota Dental PAC
Mailing Address
PO Box 1194
City: Pierre | State: SD | Zip Code: 57501
FEC ID number of contributing federal political committee.
Name of Employer: South Dakota Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 3150.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7485

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 237 / 282
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212

FEC ID number of contributing federal political committee.

Name of Employer: Tennessee Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 18230.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R7615

B.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212

FEC ID number of contributing federal political committee.

Name of Employer: Tennessee Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 18230.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R7616

C.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212

FEC ID number of contributing federal political committee.

Name of Employer: Tennessee Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 18230.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R7617

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 238 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City | State | Zip Code
Nashville | TN | 37212
FEC ID number of contributing federal political committee.
Name of Employer: Tennessee Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 18230.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7618

B.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City | State | Zip Code
Nashville | TN | 37212
FEC ID number of contributing federal political committee.
Name of Employer: Tennessee Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 18230.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7619

C.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City | State | Zip Code
Nashville | TN | 37212
FEC ID number of contributing federal political committee.
Name of Employer: Tennessee Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 18230.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7620

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212

FEC ID number of contributing federal political committee.

Name of Employer: Tennessee Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 18230.00

Date of Receipt: 10 14 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R7621

B.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212

FEC ID number of contributing federal political committee.

Name of Employer: Tennessee Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 18230.00

Date of Receipt: 10 14 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R7622

C.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212

FEC ID number of contributing federal political committee.

Name of Employer: Tennessee Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 18230.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 40.00

Check

Transaction ID: R7623

SUBTOTAL of Receipts This Page (optional) ▶ 440.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212
FEC ID number of contributing federal political committee.
Name of Employer: Tennessee Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 18230.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7625

B.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212
FEC ID number of contributing federal political committee.
Name of Employer: Tennessee Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 18230.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7626

C.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212
FEC ID number of contributing federal political committee.
Name of Employer: Tennessee Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 18230.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7627

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212
FEC ID number of contributing federal political committee.
Name of Employer: Tennessee Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 18230.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7628

B.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212
FEC ID number of contributing federal political committee.
Name of Employer: Tennessee Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 18230.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7629

C.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212
FEC ID number of contributing federal political committee.
Name of Employer: Tennessee Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 18230.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7630

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Tennessee Dental PAC
Mailing Address
PO Box 120188
City: Nashville | State: TN | Zip Code: 37212

FEC ID number of contributing federal political committee.

Name of Employer: Tennessee Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
18230.00

Date of Receipt
10 19 2001

Amount of Each Receipt this Period
25.00

Check

Transaction ID: R7681

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City: Austin | State: TX | Zip Code: 78704

FEC ID number of contributing federal political committee.

Name of Employer: Texas Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Date of Receipt
10 12 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R7861

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City: Austin | State: TX | Zip Code: 78704

FEC ID number of contributing federal political committee.

Name of Employer: Texas Dental PAC
Occupation:

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Date of Receipt
10 12 2001

Amount of Each Receipt this Period
200.00

Check

Transaction ID: R7862

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7863

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R7866

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7867

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

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

SCHEDULE A (FEC Form 3X)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Texas Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Transaction ID: R7868

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704

Date of Receipt
10 13 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Texas Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Transaction ID: R7869

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Texas Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Transaction ID: R7870

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X)
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R7871

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R7872

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R7873

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R7874

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R7875

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R7876

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7878

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7879

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7880

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7881

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7882

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7883

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7884

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7885

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7886

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Texas Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Transaction ID: R7887

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Texas Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Transaction ID: R7888

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Texas Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Transaction ID: R7889

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 251 / 282
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7890

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7891

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7892

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 252 / 282
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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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Texas Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Transaction ID: R7883

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Texas Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Transaction ID: R7884

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704

Date of Receipt
10 14 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Texas Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
60294.50

Transaction ID: R7885

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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(check only one)
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7896

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7897

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7898

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7899

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7900

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7901

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 255 / 282
(check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7902

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7903

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer
Texas Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
60294.50
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7904

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 25.00
Check
Transaction ID: R7905

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 23 2001
Amount of Each Receipt this Period: 100.00
Check
Transaction ID: R7906

C.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 23 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7907

SUBTOTAL of Receipts This Page (optional) ▶ **325.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 23 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7908

B.
Full Name (Last, First, Middle Initial)
Texas Dental PAC
Mailing Address
1946 South I. H. 35 Suite 400
City State Zip Code
Austin TX 78704
FEC ID number of contributing federal political committee.
Name of Employer: Texas Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 60294.50
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7909

C.
Full Name (Last, First, Middle Initial)
Utah Dental PAC
Mailing Address
1151 East 3900 South Suite B-160
City State Zip Code
Salt Lake City UT 84124
FEC ID number of contributing federal political committee.
Name of Employer: Utah Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2975.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7969

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 258 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Utah Dental PAC
Mailing Address
1151 East 3900 South Suite B-160
City State Zip Code
Salt Lake City UT 84124
FEC ID number of contributing federal political committee.
Name of Employer
Utah Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
2975.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R7970

B.
Full Name (Last, First, Middle Initial)
Utah Dental PAC
Mailing Address
1151 East 3900 South Suite B-160
City State Zip Code
Salt Lake City UT 84124
FEC ID number of contributing federal political committee.
Name of Employer
Utah Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
2975.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7971

C.
Full Name (Last, First, Middle Initial)
Utah Dental PAC
Mailing Address
1151 East 3900 South Suite B-160
City State Zip Code
Salt Lake City UT 84124
FEC ID number of contributing federal political committee.
Name of Employer
Utah Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
2975.00
Date of Receipt
10 13 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R7972

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A. Full Name (Last, First, Middle Initial)
Utah Dental PAC
Mailing Address
1151 East 3900 South Suite B-160
City State Zip Code
Salt Lake City UT 84124
FEC ID number of contributing federal political committee.
Name of Employer: Utah Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2975.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7973

B. Full Name (Last, First, Middle Initial)
Utah Dental PAC
Mailing Address
1151 East 3900 South Suite B-160
City State Zip Code
Salt Lake City UT 84124
FEC ID number of contributing federal political committee.
Name of Employer: Utah Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2975.00
Date of Receipt: 10 14 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R7974

C. Full Name (Last, First, Middle Initial)
Vermont Dental PAC
Mailing Address
132 Church Street
City State Zip Code
Burlington VT 05401
FEC ID number of contributing federal political committee.
Name of Employer: Vermont Dental PAC
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2579.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8036

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Vermont Dental PAC
Mailing Address
132 Church Street
City | State | Zip Code
Burlington | VT | 05401
FEC ID number of contributing federal political committee.
Name of Employer: Vermont Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2579.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8037

B.
Full Name (Last, First, Middle Initial)
Vermont Dental PAC
Mailing Address
132 Church Street
City | State | Zip Code
Burlington | VT | 05401
FEC ID number of contributing federal political committee.
Name of Employer: Vermont Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2579.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8038

C.
Full Name (Last, First, Middle Initial)
Vermont Dental PAC
Mailing Address
132 Church Street
City | State | Zip Code
Burlington | VT | 05401
FEC ID number of contributing federal political committee.
Name of Employer: Vermont Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2579.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R8039

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 261 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City | State | Zip Code
Richmond | VA | 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8321

B.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City | State | Zip Code
Richmond | VA | 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8322

C.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City | State | Zip Code
Richmond | VA | 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8323

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 262 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230

FEC ID number of contributing federal political committee.

Name of Employer: Virginia Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 13300.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R8324

B.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230

FEC ID number of contributing federal political committee.

Name of Employer: Virginia Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 13300.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R8325

C.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230

FEC ID number of contributing federal political committee.

Name of Employer: Virginia Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 13300.00

Date of Receipt: 10 12 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R8326

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 263 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8327

B.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R8328

C.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8329

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 264 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8330

B.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8331

C.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC | Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8332

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 13300.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8333

B.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 13300.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8334

C.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 13300.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8335

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8336

B.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8337

C.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City: Richmond | State: VA | Zip Code: 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8338

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 267 / 282
(check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Virginia Dental PAC
Mailing Address
PO Box 6906
City | State | Zip Code
Richmond | VA | 23230
FEC ID number of contributing federal political committee.
Name of Employer: Virginia Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 13300.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R8339

B.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue | Suite 333
City | State | Zip Code
Seattle | WA | 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 19895.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8552

C.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue | Suite 333
City | State | Zip Code
Seattle | WA | 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 19895.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8553

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 268 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 19895.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8554

B.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 19895.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8555

C.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 19895.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8556

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 269 / 282
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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue | Suite 333
City | State | Zip Code
Seattle | WA | 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 19895.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8557

B.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue | Suite 333
City | State | Zip Code
Seattle | WA | 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 19895.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8558

C.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue | Suite 333
City | State | Zip Code
Seattle | WA | 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 19895.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8559

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 270 / 282
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 19895.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8560

B.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 19895.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8561

C.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 19895.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8562

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 271 / 282
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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer
Washington Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
19895.00
Date of Receipt
10 14 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R8563

B.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer
Washington Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
19895.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
40.00
Check
Transaction ID: R8564

C.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer
Washington Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
19895.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
100.00
Check
Transaction ID: R8565

SUBTOTAL of Receipts This Page (optional) ▶ **340.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 272 / 282
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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 19895.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8566

B.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 19895.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8567

C.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 19895.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8568

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 273 / 282
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue | Suite 333
City | State | Zip Code
Seattle | WA | 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 19895.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8569

B.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue | Suite 333
City | State | Zip Code
Seattle | WA | 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 19895.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8570

C.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue | Suite 333
City | State | Zip Code
Seattle | WA | 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 19895.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8571

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 274 / 282
(check only one)
☐ 11a ☐ 11b ☐ 11c ☒ 12
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer
Washington Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
19895.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R8572

B.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer
Washington Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
19895.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R8573

C.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer
Washington Dental PAC
Occupation
Receipt For:
Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
19895.00
Date of Receipt
10 15 2001
Amount of Each Receipt this Period
200.00
Check
Transaction ID: R8574

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 275 / 282
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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 19895.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8575

B.
Full Name (Last, First, Middle Initial)
Washington Dental PAC
Mailing Address
2033 6th Avenue Suite 333
City State Zip Code
Seattle WA 98121
FEC ID number of contributing federal political committee.
Name of Employer: Washington Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 19895.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R8576

C.
Full Name (Last, First, Middle Initial)
West Virginia Dental PAC
Mailing Address
1002 Kanawha Valley Building 900 Capitol Street
City State Zip Code
Charleston WV 25301
FEC ID number of contributing federal political committee.
Name of Employer: West Virginia Dental PAC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2975.00
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 2875.00
Check
Transaction ID: R8612

SUBTOTAL of Receipts This Page (optional) ▶ **3275.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 276 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Wisconsin Dental PAC
Mailing Address
111 E. Wisconsin Avenue, #1300
City: Milwaukee | State: WI | Zip Code: 53202
FEC ID number of contributing federal political committee.
Name of Employer: Wisconsin Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 15975.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9515

B.
Full Name (Last, First, Middle Initial)
Wisconsin Dental PAC
Mailing Address
111 E. Wisconsin Avenue, #1300
City: Milwaukee | State: WI | Zip Code: 53202
FEC ID number of contributing federal political committee.
Name of Employer: Wisconsin Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 15975.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9516

C.
Full Name (Last, First, Middle Initial)
Wisconsin Dental PAC
Mailing Address
111 E. Wisconsin Avenue, #1300
City: Milwaukee | State: WI | Zip Code: 53202
FEC ID number of contributing federal political committee.
Name of Employer: Wisconsin Dental PAC
Occupation:
Receipt For: Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 15975.00

Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 300.00
Check
Transaction ID: R9517

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 277 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Wisconsin Dental PAC
Mailing Address
111 E. Wisconsin Avenue, #1300
City: Milwaukee | State: WI | Zip Code: 53202
FEC ID number of contributing federal political committee.
Name of Employer: Wisconsin Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15975.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9518

B.
Full Name (Last, First, Middle Initial)
Wisconsin Dental PAC
Mailing Address
111 E. Wisconsin Avenue, #1300
City: Milwaukee | State: WI | Zip Code: 53202
FEC ID number of contributing federal political committee.
Name of Employer: Wisconsin Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15975.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9519

C.
Full Name (Last, First, Middle Initial)
Wisconsin Dental PAC
Mailing Address
111 E. Wisconsin Avenue, #1300
City: Milwaukee | State: WI | Zip Code: 53202
FEC ID number of contributing federal political committee.
Name of Employer: Wisconsin Dental PAC
Occupation:
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15975.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9520

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 278 / 282
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☐ 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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Wisconsin Dental PAC
Mailing Address
111 E. Wisconsin Avenue, #1300
City: Milwaukee | State: WI | Zip Code: 53202

FEC ID number of contributing federal political committee.

Name of Employer: Wisconsin Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 15975.00

Date of Receipt: 10 13 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R9521

B.
Full Name (Last, First, Middle Initial)
Wisconsin Dental PAC
Mailing Address
111 E. Wisconsin Avenue, #1300
City: Milwaukee | State: WI | Zip Code: 53202

FEC ID number of contributing federal political committee.

Name of Employer: Wisconsin Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 15975.00

Date of Receipt: 10 14 2001

Amount of Each Receipt this Period: 200.00

Check

Transaction ID: R9522

C.
Full Name (Last, First, Middle Initial)
Wisconsin Dental PAC
Mailing Address
111 E. Wisconsin Avenue, #1300
City: Milwaukee | State: WI | Zip Code: 53202

FEC ID number of contributing federal political committee.

Name of Employer: Wisconsin Dental PAC
Occupation:

Receipt For: Primary / General / Other (specify)

Aggregate Year-to-Date: 15975.00

Date of Receipt: 10 19 2001

Amount of Each Receipt this Period: 400.00

Check

Transaction ID: R9523

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 279 / 282
(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 Cmte.

A. Full Name (Last, First, Middle Initial)
Wisconsin Dental PAC
Mailing Address
111 E. Wisconsin Avenue, #1300
City | State | Zip Code
Milwaukee | WI | 53202
FEC ID number of contributing federal political committee.
Name of Employer: Wisconsin Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 15975.00
Date of Receipt: 10 / 19 / 2001
Amount of Each Receipt this Period: 975.00
Check
Transaction ID: R9524

B. Full Name (Last, First, Middle Initial)
Wyoming Dental PAC
Mailing Address
200 West 17th Street | Suite 60
City | State | Zip Code
Cheyenne | WY | 82001
FEC ID number of contributing federal political committee.
Name of Employer: Wyoming Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 10 / 12 / 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9562

C. Full Name (Last, First, Middle Initial)
Wyoming Dental PAC
Mailing Address
200 West 17th Street | Suite 60
City | State | Zip Code
Cheyenne | WY | 82001
FEC ID number of contributing federal political committee.
Name of Employer: Wyoming Dental PAC
Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 10 / 12 / 2001
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9563

SUBTOTAL of Receipts This Page (optional) ▶ **1375.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 280 / 282
(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 Cmte.

A.
Full Name (Last, First, Middle Initial)
Wyoming Dental PAC
Mailing Address
200 West 17th Street Suite 60
City State Zip Code
Cheyenne WY 82001

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Wyoming Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Transaction ID: R9565

B.
Full Name (Last, First, Middle Initial)
Wyoming Dental PAC
Mailing Address
200 West 17th Street Suite 60
City State Zip Code
Cheyenne WY 82001

Date of Receipt
10 15 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Wyoming Dental PAC

Occupation

Check

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Transaction ID: R9566

C.

SUBTOTAL of Receipts This Page (optional)	▶	**400.00**
TOTAL This Period (last page this line number only)	▶	**178244.08**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 281 / 282
(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 Cmte.

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.

Name of Employer
Citibank Hard Dollar Account

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
16721.78

Date of Receipt
M M / D D / Y Y Y Y
10 31 2001

Amount of Each Receipt this Period
1652.99

Check

Transaction ID: R1379

B.

C.

SUBTOTAL of Receipts This Page (optional) ▶ **1652.99**

TOTAL This Period (last page this line number only) ▶ **1652.99**

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)

[X]	21b	[ ]	22	[ ]	23	[ ]	24	[ ]	25
[ ]	26	[ ]	27	[ ]	28a	[ ]	28b	[ ]	28c

[ ] 29

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.

Full Name (Last, First, Middle Initial)
Citibank Hard Dollar Account

Mailing Address
1500 Vermont Ave Nw

City: Washington
State: DC
Zip Code: 20005

Purpose of Disbursement
service charges

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement
10 31 2001

Amount of Each Disbursement this Period
56.52

service charges

Transaction ID: D5807

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶	**56.52**
TOTAL This Period (last page this line number only) ▶	**56.52**

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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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)

Mailing Address
63 Quartz Lane
City: Patterson | State: NJ | Zip Code: 07501

Purpose of Disbursement
Bill Pascrell, U.S. HOUSE 8th NJ

Candidate Name
William J. Pascrell, Jr. (NJ-8-D)

Category/ Type

Office Sought: X House / Senate / President
State: NJ District: 8

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 01 2001

Amount of Each Disbursement this Period: 1000.00

Bill Pascrell, U.S. HOUSE 8th NJ

Transaction ID: D5731

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

Mailing Address
PO Box 826
City: Morristown | State: NJ | Zip Code: 07900

Purpose of Disbursement
Rodney Frelinghuysen, U.S. HOUSE 11th NJ

Candidate Name
Rodney Frelinghuysen (NJ-11-R)

Category/ Type

Office Sought: X House / Senate / President
State: NJ District: 11

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 01 2001

Amount of Each Disbursement this Period: 1000.00

Rodney Frelinghuysen, U.S. HOUSE 11th NJ

Transaction ID: D5732

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

Mailing Address
700 White Plains Road Suite 325
City: Scarsdale | State: NY | Zip Code: 10583

Purpose of Disbursement
Sue W. Kelly, U.S. HOUSE 19th NY

Candidate Name
Sue W. Kelly (NY-19-R)

Category/ Type

Office Sought: X House / Senate / President
State: NY District: 19

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 01 2001

Amount of Each Disbursement this Period: 1000.00

Sue W. Kelly, U.S. HOUSE 19th NY

Transaction ID: D5733

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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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Committee For Jane Harman

Mailing Address

City | State | Zip Code
CA

Purpose of Disbursement
Jane Harman, U.S. HOUSE 36th CA

Candidate Name
Jane Harman (CA-36-D)

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 36

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
10 01 2001

Amount of Each Disbursement this Period
1000.00

Jane Harman, U.S. HOUSE
36th CA

Transaction ID: D5734

B.
Full Name (Last, First, Middle Initial)
Stephen F. Lynch For Congress Committee

Mailing Address

City | State | Zip Code
MA

Purpose of Disbursement
Stephen Lynch, U.S. HOUSE 9th MA

Candidate Name
Stephen F Lynch (MA-9-D)

Category/ Type

Office Sought: X House / Senate / President
State: MA District: 9

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
10 02 2001

Amount of Each Disbursement this Period
1000.00

Stephen Lynch, U.S. HOUSE
9th MA

Transaction ID: D5735

C.
Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 2008

City | State | Zip Code
Murfreesboro | TN | 37133

Purpose of Disbursement
Bart Gordon, U.S. HOUSE 6th TN

Candidate Name
Bart Gordon (TN-6-D)

Category/ Type

Office Sought: X House / Senate / President
State: TN District: 6

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
10 08 2001

Amount of Each Disbursement this Period
500.00

Bart Gordon, U.S. HOUSE
6th TN

Transaction ID: D5770

SUBTOTAL of Disbursements This Page (optional) ▶ **2500.00**

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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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)

Mailing Address
151 Linden Road
City: Mineola | State: NY | Zip Code: 11501

Purpose of Disbursement
Carolyn McCarthy, U.S. HOUSE 4th NY

Candidate Name
Carolyn McCarthy (NY-4-D)

Category/ Type

Office Sought: X House / Senate / President
State: NY District: 4

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 08 2001

Amount of Each Disbursement this Period: 1000.00

Carolyn McCarthy, U.S. HOUSE 4th NY

Transaction ID: D5771

B.
Full Name (Last, First, Middle Initial)
Friends Of Cunningham

Mailing Address
4710 Fourth St. #100
City: La Mesa | State: CA | Zip Code: 91941

Purpose of Disbursement
Randy Duke Cunningham, U.S. HOUSE 51st C

Candidate Name
Randy Cunningham (CA-51-R)

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 51

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 08 2001

Amount of Each Disbursement this Period: 500.00

Randy Duke Cunningham, U.S. HOUSE 51st CA

Transaction ID: D5772

C.
Full Name (Last, First, Middle Initial)
Friends Of Lois Capps

Mailing Address
Po Box 23940
City: Santa Barbara | State: CA | Zip Code: 93121

Purpose of Disbursement
Lois Capps, U.S. HOUSE 22nd CA

Candidate Name
Lois Capps (CA-22-D)

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 22

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 08 2001

Amount of Each Disbursement this Period: 1000.00

Lois Capps, U.S. HOUSE 22nd CA

Transaction ID: D5773

SUBTOTAL of Disbursements This Page (optional) ▶ **2500.00**

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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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A. Full Name (Last, First, Middle Initial)
Ciro D. Rodriguez For Congress

Mailing Address
363 W. Harding
City: San Antonio | State: TX | Zip Code: 78221

Purpose of Disbursement
Ciro Rodriguez, U.S. HOUSE 28th TX

Candidate Name
Ciro D. Rodriguez (TX-28-D)

Category/ Type

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

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 09 2001

Amount of Each Disbursement this Period: 500.00

Ciro Rodriguez, U.S. HOUSE 28th TX

Transaction ID: D5774

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

Mailing Address
PO Box 775
City: Marmora | State: NJ | Zip Code: 08223

Purpose of Disbursement
Frank A. LoBiondo, U.S. HOUSE 2nd NJ

Candidate Name
Frank A. LoBiondo (NJ-2-R)

Category/ Type

Office Sought: X House / Senate / President
State: NJ District: 2

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 09 2001

Amount of Each Disbursement this Period: 1000.00

Frank A. LoBiondo, U.S. HOUSE 2nd NJ

Transaction ID: D5775

C. Full Name (Last, First, Middle Initial)

Mailing Address
2227 Hampton Street
City: Pittsburgh | State: PA | Zip Code: 15218

Purpose of Disbursement
Mike Doyle, U.S. HOUSE 18th PA

Candidate Name
Michael F. Doyle (PA-18-D)

Category/ Type

Office Sought: X House / Senate / President
State: PA District: 18

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 09 2001

Amount of Each Disbursement this Period: 1000.00

Mike Doyle, U.S. HOUSE 18-th PA

Transaction ID: D5776

SUBTOTAL of Disbursements This Page (optional) ▶ **2500.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)

Mailing Address
P.O. Box 7843
City: Atlanta | State: GA | Zip Code: 30357

Purpose of Disbursement
Max Cleland, U.S. SENATE GA

Candidate Name
Max Cleland (GA-D)

Category/ Type

Office Sought: House / X Senate / President
State: GA District:

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 / 10 / 2001

Amount of Each Disbursement this Period: 1000.00

Max Cleland, U.S. SENATE GA

Transaction ID: D5777

B.
Full Name (Last, First, Middle Initial)
Stephen F. Lynch For Congress Committee

Mailing Address

City | State: MA | Zip Code

Purpose of Disbursement
Stephen Lynch, U.S. HOUSE 9th MA

Candidate Name
Stephen F Lynch (MA-9-D)

Category/ Type

Office Sought: X House / Senate / President
State: MA District: 9

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 / 11 / 2001

Amount of Each Disbursement this Period: 1000.00

Stephen Lynch, U.S. HOUSE 9th MA

Transaction ID: D5778

C.
Full Name (Last, First, Middle Initial)
Mark Pryor For Us Senate

Mailing Address

City | State: AR | Zip Code

Purpose of Disbursement
Mark Pryor, U.S. SENATE AR

Candidate Name
Mark Pryor For Us Senate

Category/ Type

Office Sought: House / X Senate / President
State: AR District:

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 / 24 / 2001

Amount of Each Disbursement this Period: 500.00

Mark Pryor, U.S. SENATE AR

Transaction ID: D5779

SUBTOTAL of Disbursements This Page (optional) ▶ **2500.00**

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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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)
Jim Davis For Congress

Mailing Address
209 Blanca Avenue
City: Tampa | State: FL | Zip Code: 33606

Purpose of Disbursement
Jim Davis, U.S. HOUSE 11th FL

Candidate Name
Jim Davis (FL-11-D)

Category/ Type

Office Sought: X House / Senate / President
State: FL District: 11

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 24 2001

Amount of Each Disbursement this Period: 1000.00

Jim Davis, U.S. HOUSE 11th FL

Transaction ID: D57B0

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

Mailing Address
PO Box 490
City: St. Joseph | State: MI | Zip Code: 49085

Purpose of Disbursement
Fred Upton, U.S. HOUSE 6th MI

Candidate Name
Fred Upton (MI-6-R)

Category/ Type

Office Sought: X House / Senate / President
State: MI District: 6

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 24 2001

Amount of Each Disbursement this Period: 1000.00

Fred Upton, U.S. HOUSE 6th MI

Transaction ID: D57B1

C.
Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Committee

Mailing Address
PO Box 121
City: Hayward | State: CA | Zip Code: 94543

Purpose of Disbursement
Pete Stark, U.S. HOUSE 13th CA

Candidate Name
Fortney Pete Stark (CA-13-D)

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 13

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 24 2001

Amount of Each Disbursement this Period: 1000.00

Pete Stark, U.S. HOUSE 13-th CA

Transaction ID: D57B3

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)

Mailing Address
555 S. Flower Street Suite 4510
City State Zip Code
Los Angeles CA 90071

Purpose of Disbursement
Brad Sherman, U.S. HOUSE 24th CA

Candidate Name
Brad Sherman (CA-24-D)

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 24

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
10 24 2001

Amount of Each Disbursement this Period
1000.00

Brad Sherman, U.S. HOUSE 24th CA

Transaction ID: D57B4

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

Mailing Address
Box 1541
City State Zip Code
Boise ID 83701

Purpose of Disbursement
Mike Simpson, U.S. HOUSE 2nd ID

Candidate Name
Michael K. Simpson (ID-2-R)

Category/ Type

Office Sought: X House / Senate / President
State: ID District: 2

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
10 25 2001

Amount of Each Disbursement this Period
1000.00

Mike Simpson, U.S. HOUSE 2nd ID

Transaction ID: D57B5

C.
Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 37091
City State Zip Code
Charlotte NC 28237

Purpose of Disbursement
Sue Myrick, U.S. HOUSE 9th NC

Candidate Name
Sue Wilkins Myrick (NC-9-R)

Category/ Type

Office Sought: X House / Senate / President
State: NC District: 9

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
10 30 2001

Amount of Each Disbursement this Period
1000.00

Sue Myrick, U.S. HOUSE 9th NC

Transaction ID: D57B6

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

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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 1919
City: Janesville | State: WI | Zip Code: 53547

Purpose of Disbursement
Paul Ryan, U.S. HOUSE 1st WI

Candidate Name
Paul Ryan (WI-1-R)

Category/ Type

Office Sought: X House / Senate / President
State: WI District: 1

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 1000.00

Paul Ryan, U.S. HOUSE 1st WI

Transaction ID: D57B7

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

Mailing Address
PO Box 1988
City: Union City | State: TN | Zip Code: 38261

Purpose of Disbursement
John Tanner, U.S. HOUSE 8th TN

Candidate Name
John S. Tanner (TN-8-D)

Category/ Type

Office Sought: X House / Senate / President
State: TN District: 8

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 1000.00

John Tanner, U.S. HOUSE 8th TN

Transaction ID: D57B8

C.
Full Name (Last, First, Middle Initial)
Sander Levin For Congress Committee

Mailing Address
30836 DeQuindre
City: Warren | State: MI | Zip Code: 48092

Purpose of Disbursement
Sander M. Levin, U.S. HOUSE 12th MI

Candidate Name
Sander M. Levin (MI-12-D)

Category/ Type

Office Sought: X House / Senate / President
State: MI District: 12

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 1000.00

Sander M. Levin, U.S. HOUSE 12th MI

Transaction ID: D57B9

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.
Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 1107
City: Corning | State: NY | Zip Code: 14830

Purpose of Disbursement
Amo Houghton, U.S. HOUSE 31st NY

Candidate Name
Amo Houghton (NY-31-R)

Category/ Type

Office Sought: X House / Senate / President
State: NY District: 31

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 1000.00

Amo Houghton, U.S. HOUSE 31st NY

Transaction ID: D5790

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

Mailing Address
PO Box 3176
City: Long Branch | State: NJ | Zip Code: 07740

Purpose of Disbursement
Frank Pallone, U.S. HOUSE 6th NJ

Candidate Name
Frank Pallone, Jr. (NJ-6-D)

Category/ Type

Office Sought: X House / Senate / President
State: NJ District: 6

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 500.00

Frank Pallone, U.S. HOUSE 6th NJ

Transaction ID: D5791

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

Mailing Address
144 West D Street
City: Encinitas | State: CA | Zip Code: 92024

Purpose of Disbursement
Susan Davis, U.S. HOUSE 49th CA

Candidate Name
Susan A. Davis (CA-49-D)

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 49

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 10 31 2001

Amount of Each Disbursement this Period: 500.00

Susan Davis, U.S. HOUSE 49th CA

Transaction ID: D5792

SUBTOTAL of Disbursements This Page (optional) ▶ **2000.00**

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)

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A.

Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 580 1337 Thomas Hollow Rd
City State Zip Code
Lucasville OH 45648

Purpose of Disbursement
Ted Strickland, U.S. HOUSE 6th OH

Candidate Name
Ted Strickland (OH-6-D)

Category/ Type

Office Sought: X House / Senate / President
State: OH District: 6

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
10 31 2001

Amount of Each Disbursement this Period
1000.00

Ted Strickland, U.S. HOUSE 6th OH

Transaction ID: D5783

B.

Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 40110
City State Zip Code
Bellevue WA 98015

Purpose of Disbursement
Jennifer Dunn, U.S. HOUSE 8th WA

Candidate Name
Jennifer Dunn (WA-8-R)

Category/ Type

Office Sought: X House / Senate / President
State: WA District: 8

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
10 31 2001

Amount of Each Disbursement this Period
1000.00

Jennifer Dunn, U.S. HOUSE 8th WA

Transaction ID: D5784

C.

SUBTOTAL of Disbursements This Page (optional) ▶	**2000.00**
TOTAL This Period (last page this line number only) ▶	**26000.00**