

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		497868.43
(b) Cash on Hand at Beginning of Reporting Period.....	707248.69	
(c) Total Receipts (from Line 19)	143514.19	498216.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	850762.88	996085.33
7. Total Disbursements (from Line 31).....	102637.14	247959.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	748125.74	748125.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y
03 / 01 / 2017 To: M M / D D / Y Y Y Y
03 / 31 / 2017

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).....	36708.34	60559.24
(ii) Unitemized	103476.98	402858.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	140185.32	463418.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	140185.32	463418.13
12. Transfers From Affiliated/Other Party Committees.....	3300.00	19725.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	15000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	28.87	73.77
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	143514.19	498216.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	143514.19	498216.90

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	1637.14	2409.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1637.14	2409.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	101000.00	245500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	50.00
(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	50.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	102637.14	247959.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102637.14	247959.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	140185.32	463418.13
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	140185.32	463368.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1637.14	2409.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1637.14	2409.59

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Association Political Action Committee

A. Adkins, Jay, C, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5301 50th St
Ste 100

City Lubbock State TX Zip Code 79414-5834

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2017
Transaction ID : AAE5868BA12C84B21A22

Amount of Each Receipt this Period 500.00

Memo Item

B. Beall, Robert, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1424 Longspur Dr

City Mount Pleasant State SC Zip Code 29466-9404

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2017
Transaction ID : A59D7ECEDC83F4C8390A

Amount of Each Receipt this Period 1000.00

Memo Item

C. Beard, Darryll, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8507 D Rd

City Waterloo State IL Zip Code 62298-5317

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2017
Transaction ID : A9688FDCE10254FB5811

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Beard, Ruth, Ann, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Bradford Ln

City Waterloo State IL Zip Code 62298-3267

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

Name of Employer (for Individual) Barnes Hospital Occupation (for Individual) nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2017
Transaction ID : AEF1E0AEF888F4BE09D5

Amount of Each Receipt this Period 500.00

Memo Item

B. Biermann, Michael, E., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3529 N Willamette Blvd

City Portland State OR Zip Code 97217-5163

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2017
Transaction ID : AA24BB7F5F94949BD9D1

Amount of Each Receipt this Period 1000.00

Memo Item

C. Bishop, Deborah, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Buck Island Pt Ste 7-C

City Guntersville State AL Zip Code 35976-8416

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 20 / 2017
Transaction ID : AFB7A3D016FDB40428D7

Amount of Each Receipt this Period 83.34

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1583.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Black, Richard, C, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 144 Camino Barranca

City El Paso	State TX	Zip Code 79912-3434
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2017

Transaction ID : A1108D52435D043DC940

Amount of Each Receipt this Period
83.33

Memo Item

B. Breault, Michael, R, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1204 Fernwood Dr

City Schenectady	State NY	Zip Code 12309-2618
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : A09D2D41F769F4742809

Amount of Each Receipt this Period
1000.00

Memo Item

C. Bubernak, Fred, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12160 Darnley Rd

City Woodbridge	State VA	Zip Code 22192-6614
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : AB2F1ED2EBC534D0EA39

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Burton, Bruce, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 Indian Creek Rd

City Hood River	State OR	Zip Code 97031-8635
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Full Time Practice (>30 Hrs/week)
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A08B56DC91DCE46E994D

Amount of Each Receipt this Period
500.00

Memo Item

B. Buyer, Diane, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8343 Union Chapel Rd

City Indianapolis	State IN	Zip Code 46240-2418
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : AC5C730E06FB64BEAA1F

Amount of Each Receipt this Period
250.00

Memo Item

C. Casper-Klock, Theresa, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 William Street
Suite 1

City Auburn	State NY	Zip Code 13021-3730
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2017

Transaction ID : AEF4EBB72219C4B02B8C

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Catey-Williams, Mara, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3615 W 300 S

City Marion	State IN	Zip Code 46953-9728
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : A5536CEBE75C74D81855

Amount of Each Receipt this Period
250.00

Memo Item

B. Chamberlain, Dana, H, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 512 E Main St

City Marion	State VA	Zip Code 24354-3320
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : A1D345212948A488995D

Amount of Each Receipt this Period
250.00

Memo Item

C. Cheek, Daniel, Keith, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 Kinsale Dr

City Chapel Hill	State NC	Zip Code 27517-3436
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : A5668E4848D0B45D095E

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Christian, Russell, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9916 Greenwald Rd

City Mount Horeb	State WI	Zip Code 53572-1022
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2017

Transaction ID : AED2FDF722BA64ED3833

Amount of Each Receipt this Period
250.00

Memo Item

B. Coker, Mack, Elbert, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15819 Guinstead Dr

City Spring	State TX	Zip Code 77379-6614
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A595150A876A64FB79D3

Amount of Each Receipt this Period
250.00

Memo Item

C. Corry, Kevin, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 66 Midland Ave

City Wyckoff	State NJ	Zip Code 07481-3344
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A7BCF61110A114A66A06

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Crego, Mark, R, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 667 N 76th St

City Wauwatosa	State WI	Zip Code 53213-3507
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2017

Transaction ID : A8E325D72F8124D66B16

Amount of Each Receipt this Period
250.00

Memo Item

B. Cuttino, Charles, Lynum, Dr, III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 512 Welwyn Rd

City Richmond	State VA	Zip Code 23229-8106
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : A1508FCE3A5734A27851

Amount of Each Receipt this Period
250.00

Memo Item

C. Daly, Nelson, P, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15318 Campanile Ct

City Baton Rouge	State LA	Zip Code 70810-8379
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

Transaction ID : A712E20CF250C4D4A98E

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Danner, Julie, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24842 Emanuel Ln

City Tremont	State IL	Zip Code 61568-9535
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) homemaker
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : AB22C83146E8D4A0D9BD

Amount of Each Receipt this Period
500.00

Memo Item

B. Danner, Michael, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24842 Emanuel Ln

City Tremont	State IL	Zip Code 61568-9535
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : A1CE93B2A2EF04E7A854

Amount of Each Receipt this Period
1000.00

Memo Item

C. Dittberner, Jason, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1785 W Soft Wind Ln

City Flagstaff	State AZ	Zip Code 86001-2824
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A944C69C2751145378C1

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 Association Political Action Committee

A. Dodge, Jeffrey, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1438 Park Avenue

City Woonsocket	State RI	Zip Code 02895-6557
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2017

Transaction ID : ADD70DFDF93AE4E1AACI

Amount of Each Receipt this Period
250.00

Memo Item

B. Evans, Keith, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2330 Clifton Ct

City Normal	State IL	Zip Code 61761-9696
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A35923C37814A47C9991

Amount of Each Receipt this Period
1000.00

Memo Item

C. Evans, Michael, Parry, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2735 Hibiscus St

City Sarasota	State FL	Zip Code 34239-4710
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A6D263BA55D304EA7842

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Featheringham, Dale Anne, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Browning Ct

City Dublin	State OH	Zip Code 43017-1177
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Parttime Faculty/ Parttime Practice
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : AE8671ECAFC84A0BA8C

Amount of Each Receipt this Period
250.00

Memo Item

B. Fields, Henry, W, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1393 Harrison Pond Dr

City New Albany	State OH	Zip Code 43054-9592
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio State	Occupation (for Individual) Dentist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2017

Transaction ID : AF159D3593A5F4760A7A

Amount of Each Receipt this Period
500.00

Memo Item

C. Galstan, Samuel, Wayne, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12290 Iron Bridge Rd

City Chester	State VA	Zip Code 23831-1531
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : A27827B18ACE74DF0A74

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Association Political Action Committee

A. Hokanson, Brian, N, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1512 Low Ct

City Gillette	State WY	Zip Code 82718-7569
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : AD03BECBF3C0C4955803

Amount of Each Receipt this Period
500.00

Memo Item

B. Holm, Steven, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 635 Deer Meadow Trl

City Valparaiso	State IN	Zip Code 46385-8920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : AAB2CF9A7BF6E4CB9B6C

Amount of Each Receipt this Period
500.00

Memo Item

C. Hurst, Jeffery, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1927 Denver West Ct
Apt 1934

City Golden	State CO	Zip Code 80401-0941
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : AE4DDD2F1AC814EF0873

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hutchison, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14245-P Centreville Square
 City Centreville State VA Zip Code 20121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 12 / 2017
Transaction ID : A01E2DF096A8F4D5EA3C
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: Drew Ferguson for Congress

B. Hutchison, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14245-P Centreville Square
 City Centreville State VA Zip Code 20121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 12 / 2017
Transaction ID : A65124B96B0F1482B81B
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: Paul Gosar For Congress

C. Jeffries, Carl, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3313 Paintbrush Ln
 City Worland State WY Zip Code 82401-3146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2017
Transaction ID : A58BBB45D60AF4255A17
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Johnson, J, Michael, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2027 Winston Dr

City Owensboro	State KY	Zip Code 42301-4635
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : ABD80081192DE47B4973

Amount of Each Receipt this Period
250.00

Memo Item

B. Kelly, Joseph, T, Dr, Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 W Grove St

City Clarks Summit	State PA	Zip Code 18411-2062
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

Transaction ID : A5532429BCA454D63998

Amount of Each Receipt this Period
250.00

Memo Item

C. Kimbers, Ricardo, C, Dr, DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Bellchase Ct

City Baltimore	State MD	Zip Code 21208-1300
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A49305A6DEC6D4854AA8

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Law, Michael, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 E Union Ave
Apt 834

City Las Cruces State NM Zip Code 88001-7469

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2017
Transaction ID : A9D4A9AEC7C664E0A9B5

Amount of Each Receipt this Period 250.00

Memo Item

B. Love, Melanie, R, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11259 Sommersworth Ct

City Potomac Falls State VA Zip Code 20165-5127

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2017
Transaction ID : A1D627B5B393D4C73AAB

Amount of Each Receipt this Period 250.00

Memo Item

C. Lowe, James, Benjamin, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2726 W Wilshire Blvd

City Oklahoma City State OK Zip Code 73116-4015

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2017
Transaction ID : A9A9239A0859A409AAAA

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Lowe, Linda, , Mrs,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 NW 58th St

City Oklahoma City	State OK	Zip Code 73112-7002
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) homemaker
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : AD4DE60879E4244B2927

Amount of Each Receipt this Period
500.00

Memo Item

B. May, Dewitt, T, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 933 Military Rd

City Zanesville	State OH	Zip Code 43701-2330
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2017

Transaction ID : AFF5929F17610490C900

Amount of Each Receipt this Period
250.00

Memo Item

C. Milligan, Sarah, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 14th St NW
Ste 1100

City Washington	State DC	Zip Code 20005-5627
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Dental Association	Occupation (for Individual) PAC Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2017

Transaction ID : AF8552F220AE54BF7BD7

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mistry, Bhagwati, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Beech Ln

City Tarrytown	State NY	Zip Code 10591-3001
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : AAC4D7C39C1FD45519D8

Amount of Each Receipt this Period
250.00

Memo Item

B. Moren, Dennis, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 347 N Grand St

City Cobleskill	State NY	Zip Code 12043-4141
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2017

Transaction ID : AE4B5BA316D944ACE8CF

Amount of Each Receipt this Period
250.00

Memo Item

C. Nunemaker, Merle, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 E Red Bridge Rd
Ste 120

City Kansas City	State MO	Zip Code 64131-4029
---------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2017

Transaction ID : A331B35315A854BB1A8B

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. O'Neill, Robert, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1236 Chop Tank Ct

City Colonial Hgts	State VA	Zip Code 23834-2236
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2017

Transaction ID : AB84DB9855B4C45C7AE8

Amount of Each Receipt this Period
250.00

Memo Item

B. Oyster, Gary, Donald, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 597 Beechwood Rd

City Franklinton	State NC	Zip Code 27525-9106
---------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2017

Transaction ID : A435B4454D77D425D8AC

Amount of Each Receipt this Period
1000.00

Memo Item

C. Peppard, Richard, Mark, Dr, DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7956 Mesa Trails Cir

City Austin	State TX	Zip Code 78731-1452
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2017

Transaction ID : AF0A56B803F3C448C8F7

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 Association Political Action Committee

A. Phillips, Gregory, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4640 Harrison Ridge Rd

City Columbus	State IN	Zip Code 47201-9753
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2017

Transaction ID : A40D1EE1099D2409B873

Amount of Each Receipt this Period
500.00

Memo Item

B. Polus, Philip, G, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 W 145th Ave

City Crown Point	State IN	Zip Code 46307-9260
---------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : A717C0BEA2C414691AA3

Amount of Each Receipt this Period
250.00

Memo Item

C. Rawal, Sundeeep, Raj, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2180 N Courtenay Pkwy

City Merritt Island	State FL	Zip Code 32953-4236
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Florida Prosthodontics, PA	Occupation (for Individual) Graduate Student/Resident
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : A12AA4241AD444FE4BFA

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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 Association Political Action Committee

A. Reynolds, Elizabeth, C, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 E Glenbrooke Cir

City Richmond	State VA	Zip Code 23229-8001
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2017

Transaction ID : AC7673C6BA9004032A8F

Amount of Each Receipt this Period
250.00

Memo Item

B. Rice, M Elwood, Elwood, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11340 Audrain Rd #9907

City Mexico	State MO	Zip Code 65265
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2017

Transaction ID : A15F668F9C5B4468BA78

Amount of Each Receipt this Period
1000.00

Memo Item

C. Roberts, John, R, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3574 W County Road 200 N

City Connorsville	State IN	Zip Code 47331-9774
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2017

Transaction ID : A7D35F336C7F04716BFB

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Association Political Action Committee

A. Roesch, Robert, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2137 Nye Dr

City Fremont	State NE	Zip Code 68025-2210
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A68F29095D8274A0DA00

Amount of Each Receipt this Period
500.00

Memo Item

B. Sanchez, Carlos, Alberto, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Cecilia Ave

City Coral Gables	State FL	Zip Code 33146-1623
----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : A845A68E51C0745FBA9D

Amount of Each Receipt this Period
250.00

Memo Item

C. Shupe, James, A, Dr, Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6309 Cherry Hill Pkwy

City Fort Wayne	State IN	Zip Code 46835-9635
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2017

Transaction ID : AC26030B254924A7399E

Amount of Each Receipt this Period
375.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Smith, Lindsay, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2913 S Quaker Ave
 City Tulsa State OK Zip Code 74114-5309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2017
Transaction ID : A57EDB9FDE32C460399C
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Stiegler, Kim, E, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1890 Repoll Rd
 City Mobile State AL Zip Code 36695-9270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2017
Transaction ID : ABA24FE1D55B14CA1B7A
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Szakaly, Martin, R, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20806 Gentle Run Dr
 City South Bend State IN Zip Code 46614-5183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2017
Transaction ID : A964AE6DA175F4A96A3E
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Tampio, Chris, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 N Quaker Ln

City Alexandria	State VA	Zip Code 22302-3416
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Dental Association	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : A42DC130C403041048A3

Amount of Each Receipt this Period
250.00

Memo Item

B. Teruya, Darrell, T, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1441 Kapiolani Ste 1501

City Honolulu	State HI	Zip Code 96814-4471
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2017

Transaction ID : AFBC1D5A4EFD34990901

Amount of Each Receipt this Period
250.00

Memo Item

C. Theurer, Scott, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 322 E 2280 N Apt D

City Logan	State UT	Zip Code 84341-6977
---------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Transaction ID : AA737644B6043401C8CB

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Theurer, Teresa, , Mrs.,

Mailing Address 322 E 2280 N
Apt D

City Logan State UT Zip Code 84341-6977

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

Name of Employer (for Individual) self-employed Occupation (for Individual) homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2017

Transaction ID : A23095B217FD44581842

Amount of Each Receipt this Period 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Tota, Christopher, M, Dr,

Mailing Address 55 Abbey Ln
Unit 5304

City Danbury State CT Zip Code 06810-5227

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2017

Transaction ID : A3FB0485197FB465BBB7

Amount of Each Receipt this Period 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Triftshouser, Roger, W, Dr,

Mailing Address 1333 Eagle Run Dr

City Sanibel State FL Zip Code 33957-6709

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2017

Transaction ID : A20BC68B54868411D9EB

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tuneberg, Perry, K, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3761 Fox Pointe

City Rockford	State IL	Zip Code 61114-7072
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A66B76F4361EC4631BAA

Amount of Each Receipt this Period
1000.00

Memo Item

B. Vachon, Richard, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 Webster St

City Manchester	State NH	Zip Code 03104-2552
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : AE51C54F4605E4C72BAF

Amount of Each Receipt this Period
500.00

Memo Item

C. Van Miller, Eric, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3590 Meadow Sound Dr

City De Pere	State WI	Zip Code 54115-7994
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

Transaction ID : A56F08B7B11A84D95B84

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ward, Sharone, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4701 Bruce Rd

City Chester	State VA	Zip Code 23831-4214
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : AEB8D4F2215DE4A6B875

Amount of Each Receipt this Period
250.00

Memo Item

B. Warner, Howard, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 Carol Ct # 2

City Endwell	State NY	Zip Code 13760-1574
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : A5C2F876788BF4119BBF

Amount of Each Receipt this Period
250.00

Memo Item

C. Wasserman, Michael, H, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 Wendell Ave

City Pittsfield	State MA	Zip Code 01201-6312
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A97073E55A52C4026B79

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Weisfuse, Deborah, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 E End Ave

City New York	State NY	Zip Code 10028-7953
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : A63C6798894E34A6782E

Amount of Each Receipt this Period
250.00

Memo Item

B. Yonemoto, Gary, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4210 Sierra Dr

City Honolulu	State HI	Zip Code 96816-3357
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

Transaction ID : AF6F3AC67D56B4F3ABE9

Amount of Each Receipt this Period
1000.00

Memo Item

C. Zdeblick, Ted, W, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 N Main St
Ste 2E

City Southington	State CT	Zip Code 06489-2515
---------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : A0972B356CC71499C867

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	36708.34

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Indiana Dental PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2467

City Indianapolis	State IN	Zip Code 46206-2467
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00082636

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : AD27D909F251A43488ED

Amount of Each Receipt this Period
3300.00

Memo Item

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	3300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement
service charges

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2017

FEC Identification Number

C
Transaction ID : BC6311F2F2!
Amount of Each Disbursement this Period
12.15

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank 1

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement
credit card fees

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2017

FEC Identification Number

C
Transaction ID : B001AA6A7C
Amount of Each Disbursement this Period
1624.99

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1637.14
1637.14

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ALEXANDER FOR SENATE 2020 INC

Mailing Address 228 S WASHINGTON STREET
SUITE 115

City ALEXANDRIA State VA Zip Code 22314-5404

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Alexander, Lamar, , Sen.,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Other
State: TN District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2017

FEC Identification Number

C C00383745
Transaction ID : B1940FBD34
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022-0050

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Wagner, Ann, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: MO District: 02

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00495846
Transaction ID : B397456FCDI
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bilirakis for Congress

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606-2647

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Bilirakis, Gus, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: FL District: 12

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00408534
Transaction ID : BF71532D2A
Amount of Each Disbursement this Period
5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Buckeye Liberty PAC

Mailing Address 701 8th Street, NW, Suite 500

City Washington State DC Zip Code 20001-3965

Purpose of Disbursement VOID - Contribution to Federal Leadership PAC

Candidate Name
Buckeye Liberty PAC

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2017

FEC Identification Number

C C00366781
Transaction ID : B1612391C12
Amount of Each Disbursement this Period
-2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Congressman Chris Smith

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619-0184

Purpose of Disbursement Contribution to Federal Candidate

Candidate Name
Smith, Chris, H., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 04

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C H8NJ04014
Transaction ID : BB62F39B301
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Connolly For Congress

Mailing Address 3706 Prado Place

City Fairfax State VA Zip Code 22031

Purpose of Disbursement Contribution for Federal Candidate

Candidate Name
Connolly, Gerry, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: VA District: 11

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00445452
Transaction ID : B35FEFF88B
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

-500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Crowley For Congress		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address 84-56 Grand Avenue		FEC Identification Number C C00338954 Transaction ID : B99A71A99A Amount of Each Disbursement this Period 1000.00
City Elmhurst	State NY	Zip Code 11373-4352
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Crowley, Joseph, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 14	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Delbene For Congress		Date of Disbursement MM / DD / YYYY 03 / 23 / 2017
Mailing Address PO Box 487		FEC Identification Number C C00459099 Transaction ID : BB3CCCF561 Amount of Each Disbursement this Period 2000.00
City Bothell	State WA	Zip Code 98041
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name DelBene, Suzan, K., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 01	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Drew Ferguson for Congress		Date of Disbursement MM / DD / YYYY 03 / 16 / 2017
Mailing Address PO Box 387		FEC Identification Number C C00607838 Transaction ID : B7BB207169 Amount of Each Disbursement this Period 1000.00
City West Point	State GA	Zip Code 31833-0387
Purpose of Disbursement ERMK: Bruce Hutchison		Category/ Type
Candidate Name Ferguson, Drew, , Dr.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	
State: GA	District: 03	
<input type="checkbox"/> Memo Item		ERMK: Bruce Hutchison. transmitted by check/EFT

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. JUDSON HILL FOR CONGRESS, INC.

Mailing Address PO BOX 71493

City MARIETTA State GA Zip Code 30007

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Hill, Judson, , ,

Office Sought: House Senate President
State: GA District: 06
Disbursement For: 2017
 Primary General
 Other (specify) **Special General**

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00630483
Transaction ID : BAA60C8DA
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ken Calvert For Congress Comm.

Mailing Address PO Box 78376

City Corona State CA Zip Code 92877-0145

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Calvert, Ken, S., Rep.,

Office Sought: House Senate President
State: CA District: 42
Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C H2CA37023
Transaction ID : B3E7BF6C39
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
McCarthy, Kevin, , Rep.,

Office Sought: House Senate President
State: CA District: 23
Disbursement For: 2017
 Primary General
 Other (specify) **Other**

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2017

FEC Identification Number

C C00420935
Transaction ID : B4ED92B327
Amount of Each Disbursement this Period
5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
McCarthy, Kevin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2017

FEC Identification Number

C C00420935

Transaction ID : BFF0E51700:

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Kind, Ron, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00312017

Transaction ID : BAF97123ED:

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City Peoria State IL Zip Code 61612-0735

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
LaHood, Darin, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00575050

Transaction ID : B739D6C8B8:

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Langevin For Congress

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886-1296

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Langevin, Jim, R., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00344697
Transaction ID : B5E4C4D37C
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lucille Roybal-Allard For Congress

Mailing Address 6 E Street, Se

City Washington State DC Zip Code 20003-2611

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Roybal-Allard, Lucille, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: CA District: 40

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00259143
Transaction ID : B43A99E88D
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)

Mailing Address PO BOX 3241

City Brentwood State TN Zip Code 37024-3241

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name
MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00409276
Transaction ID : B95B1A4A1E
Amount of Each Disbursement this Period
2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Marsha Blackburn for Congress, Inc

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068-2185

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Blackburn, Marsha, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TN District: 07

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C H2TN06030**
Transaction ID : **BAA74EA0D/**
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Matsui For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812-1738

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Matsui, Doris, O., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 06

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C C00409219**
Transaction ID : **B1817E0F8F8**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Morgan Griffith For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068-0361

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Griffith, Morgan, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: VA District: 09

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C C00477240**
Transaction ID : **BC3AFDE83I**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2017

FEC Identification Number

C
Transaction ID : B4203CDEBC
Amount of Each Disbursement this Period
25000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Gosar For Congress

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement
ERMK: Bruce Hutchison

Candidate Name

Gosar, Paul, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) OTHER

State: AZ District: 04

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00461806
Transaction ID : B16DCD2432
Amount of Each Disbursement this Period
1000.00
ERMK: Bruce Hutchison.
transmitted by check/EFT

Memo Item

Full Name (Last, First, Middle Initial)

C. Perlmutter for Congress

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033-5245

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Perlmutter, Ed, G., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Other

State: CO District: 07

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2017

FEC Identification Number

C C00410639
Transaction ID : BBC53BDFF
Amount of Each Disbursement this Period
2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

28500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Pittenger For Congress Llc

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220-1207

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Pittenger, Robert, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NC District: 09

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00514513

Transaction ID : B2157D8B35!
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. POINT PAC, INC.

Mailing Address PO BOX 420304

City Atlanta State GA Zip Code 30342-0304

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name
POINT PAC, INC.

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Other
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00632893

Transaction ID : B3E8D4C918!
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Other
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C

Transaction ID : BACBB2342!
Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ROBERT ADERHOLT FOR CONGRESS

Mailing Address P. O. BOX 1158

City **HALEYVILLE** State **AL** Zip Code **35565**

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Aderholt, Robert, B., Rep.,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Other
State: **AL** District: **04**

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BC758DFBCI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Rodney For Congress

Mailing Address PO Box 344

City **Taylorville** State **IL** Zip Code **62568-0344**

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Davis, Rodney, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: **IL** District: **13**

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B67ED609013
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ron Johnson For Senate Inc

Mailing Address 219 E Washington Ave
Suite 101

City **Oshkosh** State **WI** Zip Code **54901-5005**

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Johnson, Ron, H., Sen.,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Other
State: **WI** District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BF030834AA
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Weber For Congress

Mailing Address PO Box 1327

City Friendswood State TX Zip Code 77549

Purpose of Disbursement
Contribution to a Federal Candidate

Candidate Name
Weber, Randy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 14

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00502229
Transaction ID : BFA21E6C16
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402-1682

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Welch, Peter, F., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: VT District: 01

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00413179
Transaction ID : BE77ADCAD1
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2000.00
101000.00