PAGE 1 / 15

Image# 201607089020380140

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An A	uthorized Committe	ee		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	g, type	12FE4M5		
American Dental Ass	ociation Independen	t Expenditures Co	mmittee			1
ADDRESS (number and street)	1111 14th Street, NW Suite 1100					
Check if different than previously reported. (ACC)	Washington			DC	20005-5627	
2. FEC IDENTIFICATION N	NUMBER ▼	CITY A	S	STATE 🛦	ZIP CO	DE 🛦
C C00488338	3.	\sim	IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	-	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	A A	pr 20 (M4)	ul 20 (M7)	Oct 2	20 (M10)	Year Only) Jan 31 (YE)
April 15 Quarterly Report July 15	(c) 12-Day	Primary (12P)	General ((12G)	Runoff (12R)
X July 15 Quarterly Report	(Q2) PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report January 31	Flor	etion on	D D /	Y Y Y Y Y	in the State o	f .
Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d) 30-Day POST-Election	General (30G	i)	Runoff (3		Special (30S)
Termination Repo (TER)		etion on	D D /	Y	in the State o	f
5. Covering Period	04 01 2016		M M M 06	/ D D /	2016	
I certify that I have examined	this Report and to the best	of my knowledge and b	elief it is true	e, correct and	l complete.	
Type or Print Name of Treasu	rer Dr. Thomas F. Harrison					
Signature of Treasurer Dr.	Thomas F. Harrison	[Electronically	<i>Filed]</i> Da	ate 07	/ 08 /	2016
NOTE: Submission of false, erro	oneous, or incomplete informa	tion may subject the pers	on signing th	is Report to th	ne penalties of 2 l	J.S.C. §437g.
Office Use Only					FEC FOR Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Dental Association Independent Expenditures Committee

2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 6732.64 January 1, 2016 (b) Cash on Hand at 6732.64 Beginning of Reporting Period..... 205000.00 205000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 211732.64 211732.64 6(a) and 6(c) for Column B)..... 182725.56 182725.56 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 29007.08 29007.08 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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. 06/2004)

Write or Type Committee Name

American Dental Association Independent Expenditures Committee

Re	eport Covering the Period: From: 04	01 2016 To:	06 30 2016	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00	
	Lines 11(a)(i) and (ii)▶	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00	
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00	
12.	Transfers From Affiliated/Other Party Committees	205000.00	205000.00	
13.	All Loans Received	0.00	0.00	
14	Loan Repayments Received	0.00	0.00	
	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		7	
16.	(Carry Totals to Line 37, page 5)	0.00	0.00	
	to Federal Candidates and Other Political Committees	0.00	0.00	
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	
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))▶	205000.00	205000.00	
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	205000.00	205000.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)	57 55	3
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(1	b) Other Federal Operating		
	Expenditures	170.00	170.00
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	170.00	170.00
22. T	ransfers to Affiliated/Other Party	0.00	0.00
	CommitteesContributions to	0.00	0.00
F a	ederal Candidates/Committees and Other Political Committees	0.00	0.00
	ndependent Expenditures	169555 56	160555 56
25. C	use Schedule E) Coordinated Party Expenditures	168555.56	168555.56
(2	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
nc '	con Danoumante Made	0.00	0.00
26. L	oan Repayments Made	0.00	0.00
27. L	oans Made	0.00	0.00
	a) Individuals/Persons Other Than Political Committees	0.00	0.00
	man romical committees	3.50	
`	b) Political Party Committees	0.00	0.00
(0	c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
	(add 2.1100 20(a), (b), and (b),		
29. C	Other Disbursements	14000.00	14000.00
80. F	Federal Election Activity (2 U.S.C. §431(20))		
(;	a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
		200	0.00
(1	(ii) "Levin" Shareb) Federal Election Activity Paid Entirely	0.00	0.00
(1	With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	182725.56	182725.56
32. T	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	100705 50	
11	rom Line 31)	182725.56	182725.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
3. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	170.00	170.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	170.00	170.00

S 17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 15 (check only one) 11a 11b 11c X 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Dental Association	the name and a	ddress of any political committed	
Full Name (Last, First, Middle Initial) A. American Dental Association Politic Mailing Address 1111 14th Street, NW Suite 1100 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State DC Cocupation	Zip Code 20005-5627 0000729	Date of Receipt 04 18 2016 Transaction ID: A4C5A71D2806E436787B Amount of Each Receipt this Period 55000.00 Memo Item transfer for IE disbursements
Full Name (Last, First, Middle Initial) B. American Dental Association Polit Mailing Address 1111 14th Street, NW Suite 1100 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State DC Coc	Zip Code 20005-5627 0000729	Date of Receipt 04 28 2016 Transaction ID : ABA7BD36ED36840CFA7 Amount of Each Receipt this Period 50000.00 Memo Item transfer for IE disbursements
Full Name (Last, First, Middle Initial) C. American Dental Association Po Mailing Address 1111 14th Street, NW Suite 1100 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State DC Co.	Zip Code 20005-5627 0000729	Date of Receipt 05 06 2016 Transaction ID : AC8E67AAE22104807997 Amount of Each Receipt this Period 50000.00 Memo Item
SUBTOTAL of Receipts This Page (optional).)	155000.00

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

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SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 15
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)	
• • • •	IMIZED REGEN 10		Detailed Summary Page	11a 11b 11c X 12
_				
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)	_		
	American Dental Association Inde	pender	nt Expenditures Comm	ittee
Full Name (Last, First, Middle Initial) A. American Dental Association Political Action		tion Con	nmittee	Date of Receipt
	Mailing Address 1111 14th Street, NW			M = M / D = D / Y = Y = Y
	Suite 1100 City	State	Zip Code	06 22 2016
	Washington	DC	20005-5627	Transaction ID : A767E9E522C304DF4A16 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0000729	50000.00
	Name of Employer C	Occupation		Memo Item transfer for IE disbursements
				transfer for it dispursements
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		205000.00	
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address		M M / D D / Y Y Y Y	
'	Walling / Hadrood			W = W / D = D / T = T = T = T
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		
	Name of Employer C	Occupation		Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary General	.ggi ogato	Tour to Bato V	
	Other (specify) ▼		AAA	
	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			Mam / Dad / Yayayay
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer C	Occupation		Memo Item
	Receipt For:	\aaroasts	Vear-to-Date ■	-
	Primary General	rygregate	Year-to-Date ▼	
	Other (specify) ▼		<u></u>	
s	UBTOTAL of Receipts This Page (optional)			50000.00

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

205000.00

SCHEDULE B (FEC Form 3X)	Hoo opposed a charlet ()	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Sta or for commercial purposes, other than using the n			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Dental Association Inde	•		
Full Name (Last, First, Middle Initial)			Data of Disharanasa
A. Public Opinion Strategies			Date of Disbursement
Mailing Address 214 N Fayette St			06 23 2016
City Alexandria	State Zip Code VA 22314-2433		Transaction ID : B74FFC2CF7F304C5AB8
Purpose of Disbursement research poll to determine further activity			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	14000.00
Office Sought: House Disburs Senate President	sement For: 2016 Primary General ✓ Other (specify) ▼		Memo Item
State: District:	Other		
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	sement For: Primary General Other (specify) ▼	71	Memo Item
State: District: Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)		14000.00
	,		7 7
TOTAL This Period (last page this line number or	nly)		14000.00

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 9 OF 15
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
American Dental Association Independent Expenditures	Committee FEC IDENTIFICATION NUMBER ▼
	C C00488338
Check if 24-hour report 48-hour report New report Am	nends report filed on
Full Name of Payee	Memo Item Date of Public Distribution/Dissemination
Strategic Impact	04 15 2016
Mailing Address 1890 Star Shoot Parkway	Annual Land
#17-250	Amount
City State Zip Code	18165.43
Lexington KY 40509-4560	Transaction ID : E7D15D4DDA93B4EB6913 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail-Primary GA-03 Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Sought: X House District: 03
Dr. Drow Forgueon	Oppose President Senate State: GA
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	
Full Name of Payee	Memo Item Date of Public Distribution/Dissemination
Strategic Groundworks	M = M / D = D / Y = Y = Y
Mailing Address	04 25 2016
272 S Front St Apt 521	Amount
City State Zip Code	25483.01
Columbus OH 43215-502	Transaction ID : EEF24215FF83B4F2CAC3 Date of Disbursement or Obligation
Purpose of Expenditure Category/	Date of Disbursement of Obligation
Media Buy-GA-03 Type	
Name of Federal Candidate	Support Office Sought: X House District: 03
Dr. Drow Forgues	Oppose President Senate State: GA
Calendar Year-To-Date	Disbursement For: X Primary General
Per Election for Office Sought 43648.44	2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	43648.44
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Thomas Harrison [Electronically Filed]	Date 07 08 2016

Date

PAGE	10	OF	15
FOR LI	NE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee				
American Demai Association independent Expe	natures Commit	C C00488338		
Check if 24-hour report 48-hour report New rep	port Amends repor	rt filed on		
Full Name of Payee	☐ Memo Ite	Part Date of Public Distribution/Dissemination		
Strategic Impact		04		
Mailing Address 1890 Star Shoot Parkway		Amount		
#17-250				
City State	Zip Code	11464.85		
Lexington KY	40509-4566	Transaction ID : E6DD33AB3EFA5499C852 Date of Disbursement or Obligation		
Purpose of Expenditure Direct Mail-Primary GA-03	Category/ Type	04 / 28 / Y 2016		
Name of Federal Candidate	X Support	Office Sought: X House District:03		
Dr. Drew Ferguson	Oppose	President Senate State: GA		
Calendar Year-To-Date	55113.29	Disbursement For: Primary General		
Per Election for Office Sought	00110.20	Other (specify) -		
Full Name of Payee Strategic Impact	☐ Memo Iter	Date of Fubilic Distribution/Dissernination		
		04 27 2016		
Mailing Address 1890 Star Shoot Parkway		Amount		
#17-250	7: 0 1	0004.04		
City State Lexington KY	Zip Code 40509-4566	9021.91 Transaction ID : E1C56848CE7AD4AC8AE		
Purpose of Expenditure		Date of Disbursement or Obligation		
Direct Mail-Primary GA-03	Category/ Type	04 28 2016		
Name of Federal Candidate	Support	Office Sought:		
Dr. Drew Ferguson	Oppose	President Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought	64135.20	Disbursement For: X Primary General		
Tel Election for Office Sought	1 1 /8	Other (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures		20486.76		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures				
(V) TOTAL INCOPORACINE Exponditures		>		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Thomas Harrison [Electron	nically Filed] Date	07 08 2016		
Signature	Date			

PAGE	11	OF	15	
FOR L	INE 24	OF F	ORM	ЗХ

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) American Dental Association Independent Exp	oenditures Committee	FEC IDENTIFICATION NUMBER ▼
Amonoan Bontan Robolation macportaint Exp		C C00488338
Check if 24-hour report 48-hour report New	report Amends report file	ed on Man / Dad / Yayaya
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Strategic Impact		05
Mailing Address 1890 Star Shoot Parkway		Amount
#17-250		
City State	Zip Code	11464.85
Lexington KY	40509-4566	Transaction ID : E3A686B157E704191A3F Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail-Primary GA-03	Category/ Type	05 03 7 2016
Name of Federal Candidate	X Support Offi	ice Sought: X House District: 03
Dr. Drew Ferguson	Oppose	President Senate State: GA
Calendar Year-To-Date		bursement For: X Primary General
Per Election for Office Sought	75600.05	Other (specify)
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Public Opinion Strategies		05 13 2016
Mailing Address 214 N Fayette St		Amount
City State	Zip Code	5500.00
Alexandria VA	22314-2433	Transaction ID : EEDD71EC65B3241D2BAI Date of Disbursement or Obligation
Purpose of Expenditure IVR survey-GA-03	Category/ Type	05 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	V Cupport Off	ice Sought: X House District: 03
Dr. Drew Ferguson	Support Offi Oppose	ice Sought: House District: 03 President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	90121.96 Dis	bursement For: X Primary General Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	>	16964.85
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Thomas Harrison [Elec	tronically Filed] Date	07 08 2016
Signature	_	

PAGE	12	OF	15
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) American Dental Association Independent Exp	oenditures Commit	FEC IDENTIFICATION NUMBER ▼
American Dental Association independent Exp	Denditures Commit	C C00488338
Check if 24-hour report 48-hour report New	report Amends repor	t filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination
Strategic Impact		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1890 Star Shoot Parkway		Amount
#17-250		
City State	Zip Code	9021.91
Lexington KY	40509-4566	Transaction ID: E14C307C5F3984B26A8A Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail-Primary GA-03	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: X House District: 03
Dr. Drew Ferguson	Oppose	President Senate State: GA
Calendar Year-To-Date	90121.96	Disbursement For: Primary General
Per Election for Office Sought	90121.90	Other (specify)
Full Name of Payee Strategic Impact	☐ Memo Iten	Date of Public Distribution/Dissemination
Mailing Address		05 16 2016
#17-250		Amount
City State	Zip Code	17266.59
Lexington KY	40509-4566	Transaction ID: EEDE6BA426E0F4015B06 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail-Primary GA-03	Category/ Type	05 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: X House District: 03
Dr. Drew Ferguson	Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	107388.55	Disbursement For: Primary General 2016 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authoriparty committee) any political party committee or its agent.		
Thomas Harrison [Elect	tronically Filed] Date	07 08 2016
Signature		

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 13 OF 15 FOR LINE 24 OF FORM 3X
FEC II	DENTIFICATION NUMBER ▼
С	C00488338
on	/ D = D / Y = Y = Y
Date of Publi	c Distribution/Dissemination
05 ^M	17 / 2016
Amount	
	11075.00
	D: E8044EAB0AF67467195F ursement or Obligation
05	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sought:	X House District: 03
President	Senate State: GA
sement For:	Primary General
Other (sp	pecify) ▶
	c Distribution/Dissemination
05	18 2016
Amount	
	18165.43
	D: E10258FA811224586808 ursement or Obligation
05	17 / 2016
Sought:	House District:03
President	Senate State: GA
sement For:	Primary General
Other (s	pecify)
	29240.43
	7
	7
	7 7

American Dental Association Independent Expenditures Committee Check if 24-hour report 48-hour report New report Amends report filed Full Name of Payee Memo Item Strategic Groundworks Mailing Address 272 S Front St Apt 521 City State Zip Code ОН Columbus 43215-5027 Purpose of Expenditure Category/ Media Buy-GA-03 Type Name of Federal Candidate X Support Office Dr. Drew Ferguson Oppose Disbur Calendar Year-To-Date 2016 118463.55 Per Election for Office Sought Memo Item Full Name of Payee Strategic Impact Mailing Address 1890 Star Shoot Parkway #17-250 City State Zip Code ΚY 40509-4566 Lexington Purpose of Expenditure Category/ Direct Mail-Primary GA-03 Type Name of Federal Candidate X Support Office Dr. Drew Ferguson Oppose Calendar Year-To-Date Disbur 136628.98 2016 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Thomas Harrison [Electronically Filed] 80 2016 Date Signature

PAGE	14	OF	15
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) American Dental Association Independent Expanditures Committee			
American Dental Association Independent Expenditures Committee C C00488338			
Check if 24-hour report 48-hour report New report	port Amends repor	t filed on MMM / DDD / YYYYY	
Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination	
Strategic Impact		05 / 19 / 2016	
Mailing Address 1890 Star Shoot Parkway		Amount	
#17-250	7: 0 1	7400.04	
City State	Zip Code	7188.04	
Lexington KY	40509-4566	Transaction ID : EC948FA0C3C144B7B890 Date of Disbursement or Obligation	
Purpose of Expenditure Direct Mail-Primary GA-03	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support	Office Sought: X House District:03	
Dr. Drew Ferguson	Oppose	President Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought	143817.02	Disbursement For: Primary General 2016	
Tot Election for Chief Cought		Other (specify)	
Full Name of Payee Strategic Impact	Memo lter	Date of Public Distribution/Dissemination	
		06 22 2016	
Mailing Address 1890 Star Shoot Parkway		Amount	
#17-250 City State	Zip Code	18165.43	
Lexington KY	40509-4566	Transaction ID: E9123D32ACA784A6D946	
Purpose of Expenditure	Cotogony	Date of Disbursement or Obligation	
Direct Mail-Runoff-GA-03	Category/ Type	06 22 2016	
Name of Federal Candidate	Support	Office Sought:	
Dr. Drew Ferguson	Oppose	President Senate State: GA	
Calendar Year-To-Date		Disbursement For: Primary General	
Per Election for Office Sought	18165.43	2016	
(a) SUBTOTAL of Itemized Independent Expenditures		25353.47	
(b) SUBTOTAL of Unitemized Independent Expenditures		·	
(c) TOTAL Independent Expenditures		>	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	•	
Thomas Harrison [Electron	nically Filed] Date	07 08 2016	
Signature			

PAGE	15	OF	15 ORM 3X
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee			
C C00488338			
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed on	
Full Name of Payee	☐ Memo Ite	Date of Public Distribution/Dissemination	
Strategic Impact		06 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1890 Star Shoot Parkway		Amount	
#17-250			
City State	Zip Code	6573.11	
Lexington KY	40509-4566	Transaction ID : E8C2126D9BF13481BBAA Date of Disbursement or Obligation	
Purpose of Expenditure Direct Mail-Runoff-GA-03	Category/ Type	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support	Office Sought:	
Dr. Drew Ferguson	Oppose	President Senate State: GA	
Calendar Year-To-Date		Disbursement For: Primary General	
Per Election for Office Sought	24738.54	2016	
Full Name of Payee	Memo Ite	m Date of Public Distribution/Dissemination	
		M = M / D = D / Y = Y = Y	
Mailing Address		Amount	
City State	Zip Code		
		Date of Disbursement or Obligation	
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate	Support	Office Sought: House District:	
	Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶	
		Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures		6573.11	
(b) SUBTOTAL of Unitemized Independent Expenditures		·	
(c) TOTAL Independent Expenditures		168555.56	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Thomas Harrison [Electron.	ically Filed] Date	07 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			