

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Dental Political Action Cmte.

ADDRESS (number and street) 1111 14th Street NW  
Suite 1100  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00000729  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2006 through 08 31 2006

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

Type or Print Name of Treasurer William M. Prentice

Signature of Treasurer Electronically Filed by William M. Prentice Date 09 08 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Dental Political Action Cmte.

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		568595.72
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	647818.70									
(c) Total Receipts (from Line 19) .....	11891.01	641575.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	659709.71	1210171.06								
7. Total Disbursements (from Line 31) .....	77179.02	627640.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	582530.69	582530.69								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Dental Political Action Cmte.

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	4600.00	13975.00
(i) Itemized (use Schedule A) .....	3750.00	428243.26
(ii) Unitemized .....	8350.00	442218.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	8350.00	442218.26
12. Transfers From Affiliated/Other Party Committees .....	526.67	192752.50
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 .....	2800.00	4800.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	214.34	1804.58
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11891.01	641575.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11891.01	641575.34

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	179.02	1355.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	179.02	1355.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77000.00	625296.28
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	989.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	77179.02	627640.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	77179.02	627640.37

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	8350.00	442218.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8350.00	442218.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	179.02	1355.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	179.02	1355.09

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<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 Political Action Cmte.

**A.** Full Name (Last, First, Middle Initial)  
Dr Joe A Best

Mailing Address 3411 Ridgeline Dr

City State Zip Code  
Waukesha WI 53188-1285

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

Name of Employer self-employed Occupation dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2006

**Transaction ID: R24235**

Amount of Each Receipt this Period  
100.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Debra Crinzi

Mailing Address 15955 Northeast 85th Street Suite 104

City State Zip Code  
Redmond WA 98052-3550

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

Name of Employer Dr. Richard A. Crinzi Occupation receptionist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2006

**Transaction ID: R24257**

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr Richard Alex Crinzi

Mailing Address 522 W Lake Sammamish Pkwy SE

City State Zip Code  
Bellevue WA 98008-5212

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

Name of Employer self-employed Occupation dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2006

**Transaction ID: R24258**

Amount of Each Receipt this Period  
500.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<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 Political Action Cmte.

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Jane Grover		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 1717 Maybrook Rd		<b>Transaction ID:</b> R24226	
City State Zip Code Jackson MI 49203-5342	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer self-employed self-employed	Occupation dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert Grover		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 1717 Maybrook		<b>Transaction ID:</b> R24227	
City State Zip Code Jackson MI 49203-5342	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer self-employed self-employed	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Barbara Nei		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 917 1st Ave		<b>Transaction ID:</b> R24223	
City State Zip Code Long Prairie MN 56347	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer self-employed self-employed	Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. John P. Nei		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 917 1st Ave SE		<b>Transaction ID:</b> R24222	
City State Zip Code Long Prairie MN 56347-1416	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card		
Name of Employer self-employed Occupation dentist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Bootsey Torchia		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006	
Mailing Address 6565 South Yale Avenue Suite 510		<b>Transaction ID:</b> R24267	
City State Zip Code Tulsa OK 74136-8306	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Check		
Name of Employer James Torchia, DDS, Inc. Occupation office manager	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr James S. Torchia		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006	
Mailing Address 8736 S Florence Ave		<b>Transaction ID:</b> R24266	
City State Zip Code Tulsa OK 74137-2543	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Check		
Name of Employer self-employed Occupation dentist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<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 Political Action Cmte.

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Diane Vigna

Mailing Address 5220 South 16th Street

City Lincoln State NE Zip Code 68512-1274

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

Name of Employer University of Nebraska-Lincoln  
Occupation associate professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: R24225

Amount of Each Receipt this Period  
250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr Edward John Vigna

Mailing Address 3600 S 40th St

City Lincoln State NE Zip Code 68506-4201

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

Name of Employer self-employed  
Occupation dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: R24224

Amount of Each Receipt this Period  
500.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr James F Walton, III

Mailing Address 7019 McBride Pt

City Tallahassee State FL Zip Code 32312-9666

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

Name of Employer self-employed  
Occupation dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: R24220

Amount of Each Receipt this Period  
500.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 26	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Susan Walton

Mailing Address 1280 Timberlane Road

City	State	Zip Code
Tallahassee	FL	32312-1710

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

Name of Employer State of Florida	Occupation grants specialist
--------------------------------------	---------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	6

Transaction ID: R24221

Amount of Each Receipt this Period  
250.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4600.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address PO Box 13749

City State Zip Code  
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 33332.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 11 / 2006

Transaction ID: R24247

Amount of Each Receipt this Period  
6.67

Check

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

Mailing Address 1111 E. Tennessee Street  
Suite 102

City State Zip Code  
Tallahassee FL 32308-6914

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 52440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 11 / 2006

Transaction ID: R24241

Amount of Each Receipt this Period  
280.00

Check

**C.** Full Name (Last, First, Middle Initial)  
New Jersey Dental PAC

Mailing Address One Dental Plaza

City State Zip Code  
North Brunswick NJ 08902-4311

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 13385.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

Transaction ID: R24268

Amount of Each Receipt this Period  
80.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	366.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Tennessee Dental PAC

Mailing Address PO Box 120188

City	State	Zip Code
Nashville	TN	37212

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
24825.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	0	6

Transaction ID: R24240

Amount of Each Receipt this Period  
160.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	526.67

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 26
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input type="checkbox"/> 12
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Ensign for Senate

Mailing Address 8917 Stafford Springs Drive

City State Zip Code  
Las Vegas NV 89134

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	6

Transaction ID: R24265

Amount of Each Receipt this Period  
1200.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Tom Kean for US Senate, Inc

Mailing Address PO Box 225

City State Zip Code  
Colonia NJ 07067

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	6

Transaction ID: R24246

Amount of Each Receipt this Period  
1600.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2800.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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 Political Action Cmte.

**A.** Full Name (Last, First, Middle Initial)  
Citibank Hard Dollar Account

Mailing Address 1500 Vermont Ave Nw

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1804.58

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	6

Transaction ID: R24322

Amount of Each Receipt this Period  
214.34

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	214.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	214.34

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 26

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

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

Full Name (Last, First, Middle Initial)

**A.** Citibank Hard Dollar Account

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Charges  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: D10069

Date of Disbursement

/   /

Amount of Each Disbursement this Period

179.02

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

179.02

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

179.02

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bachmann for Congress</b>		Transaction ID: D10047 Date of Disbursement 08 / 21 / 2006
Mailing Address PO Box 49756		Amount of Each Disbursement this Period 2000.00
City Blaine State MN Zip Code 55449	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Michele Bachmann		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bishop For Congress</b>		Transaction ID: D10018 Date of Disbursement 08 / 04 / 2006
Mailing Address PO Box 909		Amount of Each Disbursement this Period 2500.00
City Columbus State GA Zip Code 31902	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Sanford D. Bishop, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bishop for Congress</b>		Transaction ID: D10042 Date of Disbursement 08 / 16 / 2006
Mailing Address 129 Wooley Street		Amount of Each Disbursement this Period 1000.00
City Southampton State NY Zip Code 11968	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Timothy Bishop		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bluegrass Committee</b>		<b>Transaction ID:</b> D10029 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 400 N Capitol Street., NW Ste 585		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20001	Category/ Type	
Purpose of Disbursement Contr. Bluegrass Committee (DC-O)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Brown-Waite for Congress</b>		<b>Transaction ID:</b> D10038 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 704 Ponce De Leon Blvd		Amount of Each Disbursement this Period 1000.00
City Brooksville State FL Zip Code 34601	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Virginia Brown-Waite		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Charles Taylor for Congress Committee</b>		<b>Transaction ID:</b> D10055 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address PO Box 2355		Amount of Each Disbursement this Period 2000.00
City Asheville State NC Zip Code 28802	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Charles H. Taylor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Charlie Melancon Campaign Committee Inc</b>		<b>Transaction ID: D10054</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 511 Congress St PO Box 549		Amount of Each Disbursement this Period 1000.00
City Napoleonville State LA Zip Code 70390	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Charles Melancon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizens For Dave Obey Committee</b>		<b>Transaction ID: D10006</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 1322		Amount of Each Disbursement this Period 5000.00
City Wausau State WI Zip Code 54402	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name David R. Obey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee For Daniel K. Akaka</b>		<b>Transaction ID: D10030</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 3125 Kaohinani Drive		Amount of Each Disbursement this Period 2000.00
City Honolulu State HI Zip Code 96817	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Daniel Kahikina Akaka		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Committee To Re-Elect J.D. Hayworth</b>		<b>Transaction ID: D10012</b> Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 14300 N Northsight Blvd Ste 105		Amount of Each Disbursement this Period 2500.00
City Scottsdale State AZ Zip Code 85260	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name J.D. Hayworth <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Cubin For Congress, Inc</b>		<b>Transaction ID: D10049</b> Date of Disbursement MM / DD / YYYY 08 / 22 / 2006
Mailing Address PO Box 4657		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82604	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Barbara Cubin <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Fine for Congress</b>		<b>Transaction ID: D10045</b> Date of Disbursement MM / DD / YYYY 08 / 16 / 2006
Mailing Address PO Box 24394 3907 Zenith Ave., South		Amount of Each Disbursement this Period 1000.00
City Minneapolis State MN Zip Code 55410	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Alan Fine <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Charlie Wilson</b>		Transaction ID: D10008 Date of Disbursement 08 / 01 / 2006
Mailing Address 7 Cadiz Pike		Amount of Each Disbursement this Period 4500.00
City Bridgeport	State OH Zip Code 43912	
Purpose of Disbursement Contr.		
Candidate Name Charles Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 06		

Full Name (Last, First, Middle Initial) <b>B. Friends of Roy Blunt</b>		Transaction ID: D10010 Date of Disbursement 08 / 01 / 2006
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 4000.00
City Springfield	State MO Zip Code 65805	
Purpose of Disbursement Contr.		
Candidate Name Roy Blunt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 07		

Full Name (Last, First, Middle Initial) <b>C. Graf for Congress</b>		Transaction ID: D10040 Date of Disbursement 08 / 11 / 2006
Mailing Address 287 W El Nopal		Amount of Each Disbursement this Period 1000.00
City Green Valley	State AZ Zip Code 85614	
Purpose of Disbursement Contr.		
Candidate Name Randall Graf		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 08		

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 26

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

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

Full Name (Last, First, Middle Initial) <b>A. Hoosiers Supporting Buyer for Congress</b>		<b>Transaction ID: D10013</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 200 North Main St. P.O. Box 712 200 North Main St. P.O. Box 712		Amount of Each Disbursement this Period 4000.00
City Monticello State IN Zip Code 47960		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Steve Buyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Issa for Congress</b>		<b>Transaction ID: D10035</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address P O Box 16021		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22302		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Darrell E. Issa		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. John D. Dingell For Congress Committee</b>		<b>Transaction ID: D10024</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 607 14th St., NW Ste 800		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name John D. Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 26

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) John Larson For Congress		<b>Transaction ID:</b> D10043 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 2500.00
City Glastonbury State CT Zip Code 06033	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name John B. Larson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Johnson for Congress Committee		<b>Transaction ID:</b> D10019 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 3000.00
City New Britain State CT Zip Code 06050	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Keller For Congress		<b>Transaction ID:</b> D10041 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address PO Box 1453		Amount of Each Disbursement this Period 2500.00
City Orlando State FL Zip Code 32802	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Richard A. Keller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Kuhl for Congress</b>		<b>Transaction ID: D10046</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 10 Ganesvoort Street		Amount of Each Disbursement this Period 2000.00
City Bath State NY Zip Code 14810	Purpose of Disbursement Contr.	
Candidate Name John Randall Kuhl	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Linder for Congress</b>		<b>Transaction ID: D10021</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 4026		Amount of Each Disbursement this Period 2000.00
City Duluth State GA Zip Code 30096	Purpose of Disbursement Contr.	
Candidate Name John Linder	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Manzullo for Congress</b>		<b>Transaction ID: D10027</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address PO Box 7783		Amount of Each Disbursement this Period 2500.00
City Rockford State IL Zip Code 61126	Purpose of Disbursement Contr.	
Candidate Name Donald A. Manzullo	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID: D10048</b> Date of Disbursement 08 / 21 / 2006
Mailing Address PO Box 3068		Amount of Each Disbursement this Period 1000.00
City Barrington	State IL	
Zip Code 60011		
Purpose of Disbursement Contr.		
Candidate Name Melissa L. Bean		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>B. Peterson for Congress</b>		<b>Transaction ID: D10034</b> Date of Disbursement 08 / 11 / 2006
Mailing Address 26192 Floyd Lake Point Road		Amount of Each Disbursement this Period 1500.00
City Detroit Lakes	State MN	
Zip Code 56501		
Purpose of Disbursement Contr.		
Candidate Name Collin C. Peterson		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 07		

Full Name (Last, First, Middle Initial) <b>C. Rangel For Congress</b>		<b>Transaction ID: D10017</b> Date of Disbursement 08 / 02 / 2006
Mailing Address PO Box 5577 Manhattansville Station		Amount of Each Disbursement this Period 2500.00
City New York	State NY	
Zip Code 10027		
Purpose of Disbursement Contr.		
Candidate Name Charles B. Rangel		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 15		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Richard Pombo For Congress</b>		<b>Transaction ID: D10036</b> Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 28375 South Chrisman Road		Amount of Each Disbursement this Period 2500.00
City Tracy State CA Zip Code 95304	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Richard W. Pombo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Stabenow for US Senate</b>		<b>Transaction ID: D10026</b> Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 4500.00
City East Lansing State MI Zip Code 48826	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Debbie Stabenow		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Talent For Senate Committee</b>		<b>Transaction ID: D10037</b> Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address 9378 Olive Blvd #206		Amount of Each Disbursement this Period 2500.00
City St. Louis State MO Zip Code 63132	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name James M. Talent		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Virginia Foxx for Congress</b>		Transaction ID: D10052 Date of Disbursement 08 / 24 / 2006
Mailing Address 11468 HWY 105		Amount of Each Disbursement this Period -1000.00
City Banner Elk State NC Zip Code 28604	Category/ Type	
Purpose of Disbursement Returned Check #9420 dated 7/13/2006 for		
Candidate Name Virginia Foxx		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Virginia Foxx (NC-5-R).

Full Name (Last, First, Middle Initial) <b>B. Virginia Foxx for Congress</b>		Transaction ID: D10053 Date of Disbursement 08 / 24 / 2006
Mailing Address 11468 HWY 105		Amount of Each Disbursement this Period 1000.00
City Banner Elk State NC Zip Code 28604	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Virginia Foxx		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Walden for Congress</b>		Transaction ID: D10014 Date of Disbursement 08 / 01 / 2006
Mailing Address PO Box 1091		Amount of Each Disbursement this Period 2500.00
City Hood River State OR Zip Code 97031	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Greg Walden		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	77000.00