

# 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 Committee

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 12 01 2007 through 12 31 2007

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 Dr Roger Triftshouser

Signature of Treasurer Electronically Filed by Dr Roger Triftshouser Date 02 01 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Dental Political Action Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		406004.72
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	513018.93									
(c) Total Receipts (from Line 19) .....	88297.40	1199499.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	601316.33	1605504.43								
7. Total Disbursements (from Line 31) .....	109569.23	1113757.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	491747.10	491747.10								
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 Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	9350.00	189515.00
(i) Itemized (use Schedule A) .....	74979.00	801073.64
(ii) Unitemized .....	84329.00	990588.64
(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) .....	84329.00	990588.64
12. Transfers From Affiliated/Other Party Committees .....	3785.69	198234.69
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	8500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	182.71	2176.38
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)) .....	88297.40	1199499.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	88297.40	1199499.71

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	69.23	8276.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	69.23	8276.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109500.00	1101713.20
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	500.00
(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	500.00
29. Other Disbursements.....	0.00	3267.49
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))..	109569.23	1113757.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109569.23	1113757.33

**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) .....	84329.00	990588.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	84329.00	990088.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	69.23	8276.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	69.23	8276.64



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 35  
(check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr Christopher F Anderson</p> <p>Mailing Address Rr 8 Box 46T</p> <p>City Lubbock State TX Zip Code 79416-9808</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self-employed Occupation dentist</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">700.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 2 7 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> 6306929</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr Frank H Moore, Jr</p> <p>Mailing Address 3346 State Highway 78 S</p> <p>City Farmersville State TX Zip Code 75442-7314</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self-employed Occupation dentist</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 2 7 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> 6306930</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr Richard H Carnahan, Jr</p> <p>Mailing Address 101 W Ridgewood Ct</p> <p>City San Antonio State TX Zip Code 78212-2343</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self-employed Occupation dentist</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 2 7 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> 6306931</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">900.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr John S. Findley	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 3800 S Potter Shop Rd	<b>Transaction ID:</b> 6306932
	City State Zip Code Crossroads TX 76227-2587	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer self-employed Occupation dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Richard Mark Peppard	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 4210 Dauphine Dr	<b>Transaction ID:</b> 6306933
	City State Zip Code Austin TX 78727-5329	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer self-employed Occupation dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Debrah Jean Worsham	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address RR 2 Box 244A	<b>Transaction ID:</b> 6306934
	City State Zip Code Joaquin TX 75954-9548	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer self-employed Occupation dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

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

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

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

FOR LINE NUMBER: PAGE 9 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Donna G Miller  
Mailing Address 110 Mecca Rd  
City State Zip Code  
Waco TX 76710-7233  
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 ▼ 600.00  
Date of Receipt 12 / 27 / 2007  
Transaction ID: 6306935  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Michael L Stuart  
Mailing Address 717 Glenhaven Dr  
City State Zip Code  
Mesquite TX 75149-4063  
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 ▼ 400.00  
Date of Receipt 12 / 27 / 2007  
Transaction ID: 6306936  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr S Jerry Long  
Mailing Address 4515 Diamond Springs Dr  
City State Zip Code  
Missouri City TX 77459-6323  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation dentist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 12 / 27 / 2007  
Transaction ID: 6306937  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 35  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Marcus Dale Haggard

Mailing Address 1707 Ohio St

City State Zip Code  
League City TX 77573-7410

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306938

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Richard Madsen Smith

Mailing Address RR 5 Box 378

City State Zip Code  
Amarillo TX 79118-9805

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306939

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David C Woodburn

Mailing Address 3609 S. Georgia Street

City State Zip Code  
Amarillo TX 79109-4847

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306940

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 35  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr John David Chandler

Mailing Address 1206 10th Street

City State Zip Code  
Huntsville TX 77320-3915

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306941

Amount of Each Receipt this Period  
200.00

**B.**

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

Mailing Address Rr 3 Box 510A

City State Zip Code  
Wichita Falls TX 76310-9803

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306942

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Richard C Black

Mailing Address 144 Camino Barranca

City State Zip Code  
El Paso TX 79912-3434

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306943

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Kathy T Gibson

Mailing Address 6300 N Haywood Dr

City State Zip Code  
Houston TX 77061-1510

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306944

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Chip Swinney

Mailing Address 2818 Bain Pl

City State Zip Code  
Tyler TX 75701-7104

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306945

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Craig S Armstrong

Mailing Address 1801 Nantucket Dr

City State Zip Code  
Houston TX 77057-2911

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306946

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 35  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Jennifer Janszen Barrington

Mailing Address 321 Ash Dr

City Waxahachie State TX Zip Code 75165-7790

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 ▼ 400.00

Date of Receipt 12 / 27 / 2007

**Transaction ID:** 6306947

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Rodney Keith Rayburn

Mailing Address 75 Hessenford St

City Sugar Land State TX Zip Code 77479-2906

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 ▼ 400.00

Date of Receipt 12 / 27 / 2007

**Transaction ID:** 6306948

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David Oliver Rathke

Mailing Address 113 Nestor Rd

City Huntsville State TX Zip Code 77340-8811

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 ▼ 400.00

Date of Receipt 12 / 27 / 2007

**Transaction ID:** 6306949

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Matthew Bryson Roberts

Mailing Address 913 E Goliad Ave

City State Zip Code  
Crockett TX 75835-2226

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306950

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Judith A Ragsdale

Mailing Address 10 Fairway Oaks PI

City State Zip Code  
The Woodlands TX 77380-0917

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 ▼ 1290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306954

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Joel Julio Vela

Mailing Address 5426 Grape St

City State Zip Code  
Houston TX 77096-1206

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** 6306955

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 35	
	(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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Frank M Bonno		Date of Receipt																					
	Mailing Address 4403 Valparaiso Cir		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	7		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	7		2	0	0	7														
	City	State	Zip Code		<b>Transaction ID:</b> 6306958																			
	Pasadena	TX	77504-2411																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer self-employed		Occupation		<input type="text" value="500.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="9350.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 35

(check only one)

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

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

**A.**

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

Mailing Address 8863 W Flamingo Rd., Ste 102

City State Zip Code  
Las Vegas NV 89147

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2160.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: 4977927

Amount of Each Receipt this Period

480.00

**B.**

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

Mailing Address PO Box 13749

City State Zip Code  
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39213.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: 4977931

Amount of Each Receipt this Period

5.69

**C.**

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

Mailing Address PO Box 4099

City State Zip Code  
Cary NC 27519

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: 5433736

Amount of Each Receipt this Period

1080.00

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

1565.69

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 35
	(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"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Nevada Dental PAC		Date of Receipt MM / DD / YYYY 12 / 21 / 2007
Mailing Address 8863 W Flamingo Rd., Ste 102		<b>Transaction ID:</b> 5433738
City Las Vegas	State NV	Zip Code 89147
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 180.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2340.00	

**B.**

Full Name (Last, First, Middle Initial) California Dental PAC		Date of Receipt MM / DD / YYYY 12 / 27 / 2007
Mailing Address PO Box 13749		<b>Transaction ID:</b> 6306919
City Sacramento	State CA	Zip Code 95853
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2040.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 41253.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2220.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3785.69

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 35	
	(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

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

A.

Full Name (Last, First, Middle Initial) Citibank 1		Date of Receipt
Mailing Address 1500 Vermont Ave Nw		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		Transaction ID: 6451047
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="182.71"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2176.38"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="182.71"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="182.71"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Citibank 1			Transaction ID: 6451046 Date of Disbursement																					
	Mailing Address 1500 Vermont Ave Nw			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	2		3	1		2	0	0	7																
	City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																					
	Purpose of Disbursement			<table border="1"> <tr> <td colspan="6">69.23</td> </tr> </table>			69.23																		
69.23																									
	Candidate Name			<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type			001																		
001																									
	Office Sought:	Disbursement For:																							
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
	State:	District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>69.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>69.23</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate</p> <p>Mailing Address PO Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement check sent to Dr. Steven Bruce</p> <p>Candidate Name Sen. Mike Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District:</p>	<p><b>Transaction ID:</b> 4968301</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Steven Bruce</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Reynolds For Congress</p> <p>Mailing Address PO Box 15388 Pittsford</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement check sent to Dr. Roger Triftshouser</p> <p>Candidate Name Rep. Thomas M. Reynolds</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 26</p>	<p><b>Transaction ID:</b> 4968299</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Roger Triftshouser</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin for South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement check sent to Dr. Michael Houk</p> <p>Candidate Name Rep. Stephanie Herseth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SD District: 01</p>	<p><b>Transaction ID:</b> 4968300</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Michael Houk</p>

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Judy Sherman attended event/check sent to campaign</p> <p>Candidate Name Rep. Michael N. Castle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4968405 <b>Date of Disbursement</b> 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Judy Sherman attended event/check sent to campaign</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement check sent to Dr. Richard Kahn</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4968408 <b>Date of Disbursement</b> 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>check sent to Dr. Richard Kahn</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement check sent to Dr. Richard Kahn</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US General</p>	<p><b>Transaction ID:</b> 4968409 <b>Date of Disbursement</b> 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>check sent to Dr. Richard Kahn</p>

<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)

PAGE 22 / 35

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Davis Victory Fund  Mailing Address 2016 Northwood Drive  City Johnson City State TN Zip Code 37601  Purpose of Disbursement Jennifer Fisher attended event/check sent to campaign Candidate Name David Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4968404 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7	Amount of Each Disbursement this Period  1000.00  Jennifer Fisher attended event/check sent to campaign
<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Austria For Congress  Mailing Address 2537 Obetz Dr  City Beavercreek State OH Zip Code 45434  Purpose of Disbursement check sent to Dave Owsiany, Ohio Dental Association Candidate Name Mr. Steve Austria Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4968339 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7	Amount of Each Disbursement this Period  5000.00  check sent to Dave Owsiany, Ohio Dental Association
<b>C.</b>	Full Name (Last, First, Middle Initial) John Salazar For Congress  Mailing Address PO Box 534  City Pueblo State CO Zip Code 81002  Purpose of Disbursement check sent to Gary Cummins, Colorado Dental Association Candidate Name Rep. John T. Salazar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4968882 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 7	Amount of Each Disbursement this Period  1500.00  check sent to Gary Cummins, Colorado Dental Association

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<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 23 / 35

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

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

**A.** Full Name (Last, First, Middle Initial)  
Majority Initiative to Keep Electing Republica

Mailing Address PO Box 65796

City Washington State DC Zip Code 20035

Purpose of Disbursement  
Mike Graham attended event/check sent to committee  
Candidate Name

011  
Category/  
Type

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

Transaction ID: 4969331  
Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

2000.00

Mike Graham attended even-  
t/check sent to committee

**B.** Full Name (Last, First, Middle Initial)  
Jesse Jackson Jr. For Congress Cmte.

Mailing Address 2559 East 72nd Street

City Chicago State IL Zip Code 60649

Purpose of Disbursement  
check sent to Dr. David Miller  
Candidate Name  
Jesse Jackson

011  
Category/  
Type

Office Sought:  House  Senate  President  
State: IL District: 02  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: 4969324  
Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

3000.00

check sent to Dr. David  
Miller

**C.** Full Name (Last, First, Middle Initial)  
Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement  
check sent to campaign  
Candidate Name  
Rep. Michael A. Ross

011  
Category/  
Type

Office Sought:  House  Senate  President  
State: AR District: 04  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: 4969323  
Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

500.00

check sent to campaign

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

5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kendrick Meek Campaign For Congress

Mailing Address 111 Nw 183rd Street  
Suite 325

City Miami State FL Zip Code 33169

Purpose of Disbursement  
Mike Graham attended event/check sent to campaign

Candidate Name  
Rep. Kendrick B. Meek

Office Sought:  House  
 Senate  
 President  
State: FL District: 17

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 4969325  
Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Mike Graham attended event/check sent to campaign

**B.** Full Name (Last, First, Middle Initial)  
Friends Of Phil Hare

Mailing Address 313 17th Street  
P.O. Box 4183

City Rock Island State IL Zip Code 61202

Purpose of Disbursement  
Judy Sherman attended event/check sent to campaign

Candidate Name  
Rep. Phil Hare

Office Sought:  House  
 Senate  
 President  
State: IL District: 17

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 4969329  
Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to campaign

**C.** Full Name (Last, First, Middle Initial)  
TENN PAC

Mailing Address 228 S. Washington  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Mike Graham attended event/check sent to committee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 4969327  
Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

2500.00

Mike Graham attended event/check sent to committee

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 35

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

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

A.	Full Name (Last, First, Middle Initial) Rock City PAC	Transaction ID: 4969328 Date of Disbursement 12 / 10 / 2007
	Mailing Address 1015 Stonebridge Park Drive	Amount of Each Disbursement this Period 2500.00
	City Franklin State TN Zip Code 37069	
	Purpose of Disbursement Mike Graham attended event/check sent to committee	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Mike Graham attended even- t/check sent to committee

B.	Full Name (Last, First, Middle Initial) Lampson For Congress	Transaction ID: 4970377 Date of Disbursement 12 / 12 / 2007
	Mailing Address PO Box 21578	Amount of Each Disbursement this Period 2500.00
	City Beaumont State TX Zip Code 77720	
	Purpose of Disbursement check sent to Dr. Jim Condrey	011 Category/ Type
	Candidate Name Nick Lampson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		check sent to Dr. Jim Con- drey

C.	Full Name (Last, First, Middle Initial) Kirk For Congress	Transaction ID: 4988801 Date of Disbursement 12 / 17 / 2007
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 1000.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement Judy Sherman attended event/check sent to campaign	011 Category/ Type
	Candidate Name Rep. Mark Steven Kirk	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Judy Sherman attended eve- nt/check sent to campaign

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<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 Committee

A.

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

Transaction ID: 4988799  
Date of Disbursement

Mailing Address PO Box 581  
Post Office Box 581

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	7

City Brighton State MI Zip Code 48116

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Mike Graham attended event/check sent to campaign

011
-----

Category/  
Type

Candidate Name  
Rep. Michael J. Rogers

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Mike Graham attended event/check sent to campaign

State: MI District: 08

B.

Full Name (Last, First, Middle Initial)  
Friends of George Miller

Transaction ID: 4988804  
Date of Disbursement

Mailing Address PO Box 5864

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	7

City Concord State CA Zip Code 94524

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
check sent to campaign

011
-----

Category/  
Type

Candidate Name  
George Miller

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

check sent to campaign

State: CA District: 07

C.

Full Name (Last, First, Middle Initial)  
Souder for Congress, Inc.

Transaction ID: 4985926  
Date of Disbursement

Mailing Address PO Box 400

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	7

City Grabill State IN Zip Code 46741

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
check sent to Dr. Dennis Zent

011
-----

Category/  
Type

Candidate Name  
Mark Souder

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

check sent to Dr. Dennis Zent

State: IN District: 03

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

5000.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LINC PAC  Mailing Address 181 Connecticut Ave., NW Ste 1100  City Washington State DC Zip Code 20006  Purpose of Disbursement check sent to committee 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) ▼	Transaction ID: 4985927 Date of Disbursement 12 / 17 / 2007	Amount of Each Disbursement this Period 2500.00  check sent to committee
B.	Full Name (Last, First, Middle Initial) Loeb sack for Congress  Mailing Address 385 E. College Street  City Iowa City State IA Zip Code 52240  Purpose of Disbursement Judy Sherman attended event/check sent to campaign Candidate Name Loeb sack  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4988803 Date of Disbursement 12 / 17 / 2007	Amount of Each Disbursement this Period 1000.00  Judy Sherman attended event/check sent to campaign
C.	Full Name (Last, First, Middle Initial) Solidarity PAC  Mailing Address 301 4th Street, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement check sent to committee Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4988805 Date of Disbursement 12 / 17 / 2007	Amount of Each Disbursement this Period 4000.00  check sent to committee

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

7500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Ameripac

Mailing Address 499 South Capitol, SW  
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement  
check sent to committee

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District: 05

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 4987515  
Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to committee

B.

Full Name (Last, First, Middle Initial)  
Richardson For Congress

Mailing Address 1212 S Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
Kathleen Ford will deliver check

Candidate Name  
Laura Richardson

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 37

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼  
2008 US General

Transaction ID: 4993682  
Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

5000.00

Kathleen Ford will deliver check

C.

Full Name (Last, First, Middle Initial)  
Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
Check sent to campaign on state's behalf

Candidate Name  
Rep. Xavier Becerra

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 31

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 4993973  
Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

4000.00

Check sent to campaign on state's behalf

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

11500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Pascrell for Congress</p> <p>Mailing Address PO Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement check delivered by Kathleen Ford</p> <p>Candidate Name William Pascrell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4996032</p> <p>Date of Disbursement 12 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>check delivered by Kathleen Ford</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Diana DeGette for Congress, Inc</p> <p>Mailing Address 770 Grant Street, #238</p> <p>City Denver State CO Zip Code 80203</p> <p>Purpose of Disbursement check delivered by Kathleen Ford</p> <p>Candidate Name Diana DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4996052</p> <p>Date of Disbursement 12 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check delivered by Kathleen Ford</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Diana DeGette for Congress, Inc</p> <p>Mailing Address 770 Grant Street, #238</p> <p>City Denver State CO Zip Code 80203</p> <p>Purpose of Disbursement check delivered by Kathleen Ford</p> <p>Candidate Name Diana DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US General</p>	<p><b>Transaction ID:</b> 4996053</p> <p>Date of Disbursement 12 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>check delivered by Kathleen Ford</p>

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Jim Jordan for Congress

Mailing Address 1709 State Route 560 S

City Urbana State OH Zip Code 43078

Purpose of Disbursement  
Mike Graham attended event/check sent to campaign

Candidate Name  
James Jordan

Office Sought:  House  
 Senate  
 President

State: OH District: 04

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 4996057  
Date of Disbursement

12 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Mike Graham attended even-  
t/check sent to campaign

B.

Full Name (Last, First, Middle Initial)  
Markey Committee, The

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement  
JP attended event/check sent to campaign

Candidate Name  
Rep. Edward Markey

Office Sought:  House  
 Senate  
 President

State: MA District: 07

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 4996055  
Date of Disbursement

12 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

JP attended event/check  
sent to campaign

C.

Full Name (Last, First, Middle Initial)  
Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement  
check sent to Dr. Amarlis Jacobo

Candidate Name  
Rep. Eliot L. Engel

Office Sought:  House  
 Senate  
 President

State: NY District: 17

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 4996148  
Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Amarlis  
Jacobo

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Adam Smith For Congress	Transaction ID: 4996143 Date of Disbursement 12 / 21 / 2007
	Mailing Address PO Box 23626	
	City Federal Way State WA Zip Code 98093	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement check sent to Dr. Douglas Walsh Candidate Name Adam Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type check sent to Dr. Douglas Walsh

B.	Full Name (Last, First, Middle Initial) Rush Holt For Congress	Transaction ID: 4996151 Date of Disbursement 12 / 21 / 2007
	Mailing Address PO Box 782	
	City Pennington State NJ Zip Code 08534	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement check sent to Jim Schulz, New Jersey Dental Association Candidate Name Rush Holt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type check sent to Jim Schulz, New Jersey Dental Association

C.	Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota, Inc.	Transaction ID: 4996157 Date of Disbursement 12 / 21 / 2007
	Mailing Address PO Box 1859	
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement check sent to campaign Candidate Name Tim Johnson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type check sent to campaign

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<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 Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Patrick Kennedy	Transaction ID: 4996144 Date of Disbursement 12 / 21 / 2007
	Mailing Address 400 C Street, NE #201	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement check sent to campaign Candidate Name Patrick Kennedy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to campaign

B.	Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen	Transaction ID: 4996142 Date of Disbursement 12 / 21 / 2007
	Mailing Address PO Box 326	Amount of Each Disbursement this Period 3000.00
	City Everett State WA Zip Code 98206	
	Purpose of Disbursement check sent to Dr. Doug Walsh Candidate Name Rep. Rick Larsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Dr. Doug Walsh

C.	Full Name (Last, First, Middle Initial) Mark Udall For Congress Inc.	Transaction ID: 4996140 Date of Disbursement 12 / 21 / 2007
	Mailing Address 8690 Wolff Court #200	Amount of Each Disbursement this Period 4000.00
	City Westminster State CO Zip Code 80031	
	Purpose of Disbursement check sent to Dr. Rhett Murray Candidate Name Rep. Mark Udall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Dr. Rhett Murray

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8500.00
<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 33 / 35

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mark Udall For Congress Inc.</p> <p>Mailing Address 8690 Wolff Court #200</p> <p>City Westminster State CO Zip Code 80031</p> <p>Purpose of Disbursement check sent to Dr. Rhett Murray</p> <p>Candidate Name Rep. Mark Udall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 02</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US General</p>	<p><b>Transaction ID:</b> 4996141</p> <p>Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Rhett Murray</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bart Gordon Committee</p> <p>Mailing Address PO Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement check sent to campaign</p> <p>Candidate Name Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4996147</p> <p>Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>check sent to campaign</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress</p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement check sent to Joe Cichy, North Dakota Dental Association</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ND District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4996155</p> <p>Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to Joe Cichy, North Dakota Dental Assoc- iation</p>

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Adler For Senate Inc  Mailing Address 20 Brace Road 4th Floor  City Cherry Hill State NJ Zip Code 08034  Purpose of Disbursement check sent to Jim Schulz, New Jersey Dental Association Candidate Name Mr. John Adler  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4996149 Date of Disbursement 12 / 21 / 2007  Amount of Each Disbursement this Period 5000.00  check sent to Jim Schulz, New Jersey Dental Association
<b>B.</b>	Full Name (Last, First, Middle Initial) Joe Pennacchio for Congress  Mailing Address 62A Windsor Drive  City Pine Brook State NJ Zip Code 07058  Purpose of Disbursement check sent to Jim Schulz, New Jersey Dental Association Candidate Name Joseph Pennacchio  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4996150 Date of Disbursement 12 / 21 / 2007  Amount of Each Disbursement this Period 5000.00  check sent to Jim Schulz, New Jersey Dental Association
<b>C.</b>	Full Name (Last, First, Middle Initial) Halvorson for Congress  Mailing Address PO Box 176  City Crete State IL Zip Code 60417  Purpose of Disbursement check sent to Dr. Todd Cubbon Candidate Name Debbie Halvorson  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4996161 Date of Disbursement 12 / 21 / 2007  Amount of Each Disbursement this Period 1000.00  check sent to Dr. Todd Cu- bbon

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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 35 / 35

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Walden for Congress</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement check sent to campaign</p> <p>Candidate Name Greg Walden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 02</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US General</p>	<p><b>Transaction ID:</b> 5433726</p> <p>Date of Disbursement 12 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>check sent to campaign</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Schock For Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement check sent to Dr. Kevin Nelson</p> <p>Candidate Name Mr. Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 18</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5433744</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Kevin Nelson</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Halvorson for Congress</p> <p>Mailing Address PO Box 176</p> <p>City Crete State IL Zip Code 60417</p> <p>Purpose of Disbursement Sent to Campaign</p> <p>Candidate Name Debbie Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6304600</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Sent to Campaign</p>

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

10000.00

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

109500.00