

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 Association Political Action Committee

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

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2009 through 10 31 2009

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 Dennis Zent Signature of Treasurer Electronically Filed by Dr Dennis Zent Date 11 13 2009

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

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**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Dental Association Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		276141.44
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	127960.45									
(c) Total Receipts (from Line 19) .....	194267.50	1071038.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	322227.95	1347179.89								
7. Total Disbursements (from Line 31) .....	80900.00	1105851.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	241327.95	241327.95								
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 Association Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	118100.00	215400.00
(ii) Unitemized .....	70922.50	787212.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	189022.50	1002612.45
(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) .....	189022.50	1002612.45
12. Transfers From Affiliated/Other Party Committees .....	245.00	62679.68
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 .....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	746.32
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)) .....	194267.50	1071038.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	194267.50	1071038.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	0.00	1154.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	1154.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78000.00	1095525.00
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 .....	900.00	1200.00
(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)) .....	900.00	1200.00
29. Other Disbursements.....	2000.00	7972.00
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))..	80900.00	1105851.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80900.00	1105851.94

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	189022.50	1002612.45
34. Total Contribution Refunds (from Line 28(d)) .....	900.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	188122.50	1001412.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1154.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	1154.94

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr Jay C Adkins</p> <p>Mailing Address 5301 50th Street</p> <p>City Lubbock      State TX      Zip Code 79414-5834</p> <p>FEC ID number of contributing federal political committee.      <b>C</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></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; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 500.00</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 0 / 0 1 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 8259046</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr Patricia L Blanton</p> <p>Mailing Address 4666 Fairfax Ave</p> <p>City Dallas      State TX      Zip Code 75209-6012</p> <p>FEC ID number of contributing federal political committee.      <b>C</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></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; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 500.00</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 0 / 0 1 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 8259047</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr Douglas Wayne Bogan</p> <p>Mailing Address 12310 Shelwick Dr</p> <p>City Houston      State TX      Zip Code 77031-3048</p> <p>FEC ID number of contributing federal political committee.      <b>C</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></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; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 400.00</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 0 / 0 1 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 8259048</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">200.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1200.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; height: 1.2em;"></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 7 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Ron Collins	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 13607 N Tracewood Bnd	<b>Transaction ID:</b> 8259052
	City State Zip Code Houston TX 77077-1538	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 ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr James D Condrey	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 3939 Pleasant Valley Dr	<b>Transaction ID:</b> 8259053
	City State Zip Code Missouri City TX 77459-4113	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 ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr David A Duncan	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 6707 Palacio Dr	<b>Transaction ID:</b> 8259054
	City State Zip Code Amarillo TX 79109-5029	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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<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 8 / 113

(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Arlet R Dunsworth

Mailing Address 6709 Lakewood Blvd

City State Zip Code  
Dallas TX 75214-3750

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  
1 0 / 0 1 / 2 0 0 9

Transaction ID: 8259055

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Janell Dunsworth

Mailing Address 6709 Lakewood Blvd.

City State Zip Code  
Dallas TX 75214-3750

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

Name of Employer Occupation  
Dr. Arlet Dunsworth, DDS, MSD, Inc. business manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

Transaction ID: 8259056

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Karen E Frazer

Mailing Address 2606 Pickwick Ln

City State Zip Code  
Austin TX 78746-5625

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  
1 0 / 0 1 / 2 0 0 9

Transaction ID: 8259057

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Kathy T Gibson		Date of Receipt
	Mailing Address 6300 N Haywood Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 9
	City	State	Zip Code
	Houston	TX	77061-1510
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 8259058
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
dentist			<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Glen David Hall		Date of Receipt
	Mailing Address 5073 Sue Lookout		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 9
	City	State	Zip Code
	Abilene	TX	79606-3642
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 8259059
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
dentist			<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Thomas C Harrison		Date of Receipt
	Mailing Address 726 Cascet Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 9
	City	State	Zip Code
	Katy	TX	77450-2003
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 8259060
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
dentist			<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Larry D Herwig

Mailing Address 7409 Caruth Blvd

City State Zip Code  
Dallas TX 75225-4504

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 0 / 0 1 / 2 0 0 9

**Transaction ID: 8259061**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Don A Lutes

Mailing Address 1303 E 1st St

City State Zip Code  
Mount Pleasant TX 75455-4713

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 0 / 0 1 / 2 0 0 9

**Transaction ID: 8259063**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Dan P Mc Cauley

Mailing Address 1403 S Florey Ave

City State Zip Code  
Mount Pleasant TX 75455-5813

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 0 / 0 1 / 2 0 0 9

**Transaction ID: 8259064**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Linda C Niessen

Mailing Address 3549 Haynie Ave

City State Zip Code  
Dallas TX 75205-1219

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 0 / 0 1 / 2 0 0 9

**Transaction ID: 8259067**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Lee P Oneacre

Mailing Address 4323 Briarwood PI

City State Zip Code  
Dallas TX 75209-2004

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 0 / 0 1 / 2 0 0 9

**Transaction ID: 8259068**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Richard Mark Peppard

Mailing Address 4210 Dauphine Dr

City State Zip Code  
Austin TX 78727-5329

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 0 / 0 1 / 2 0 0 9

**Transaction ID: 8259069**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Janie Peppard

Mailing Address 9415 Burnet Rd  
Ste 105

City Austin State TX Zip Code 78758-5255

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

Name of Employer Dr. Richard Peppard Occupation accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2009  
Transaction ID: 8259070  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Ronald Lee Rhea

Mailing Address 1210 Villmont Ln

City Houston State TX Zip Code 77077-2613

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 10 / 01 / 2009  
Transaction ID: 8259071  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Larry Wilson Spradley

Mailing Address 121 E Louella Dr

City Hurst State TX Zip Code 76054-3742

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 ▼ 365.00

Date of Receipt 10 / 01 / 2009  
Transaction ID: 8259074  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 950.00

**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 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr David S Wilbanks

Mailing Address 200 Thunderbird Drive

City State Zip Code  
El Paso TX 79912-3904

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 0 / 0 1 / 2 0 0 9

**Transaction ID: 8259077**

Amount of Each Receipt this Period  
500.00

**B.** 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 ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

**Transaction ID: 8259079**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Debrah Jean Worsham

Mailing Address 2204 Fm 2428

City State Zip Code  
Joaquin TX 75954-3903

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 0 / 0 1 / 2 0 0 9

**Transaction ID: 8259080**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 113  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Phil Worsham

Mailing Address 215 Hurst Street

City State Zip Code  
Center TX 75935-4321

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

**Transaction ID: 8259081**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Richard D Riva

Mailing Address 393 Wyoming Ave

City State Zip Code  
Millburn NJ 07041-2135

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 0 / 0 2 / 2 0 0 9

**Transaction ID: 8261244**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Sharon Riva

Mailing Address 393 Wyoming Avenue

City State Zip Code  
Millburn NJ 07041-2135

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

Name of Employer self-employed Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

**Transaction ID: 8261245**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Maxine Feinberg

Mailing Address 1225 Sedgewick Ave

City State Zip Code  
Westfield NJ 07090-3724

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: 10 / 02 / 2009  
Transaction ID: 8261246  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jeffrey M Cole

Mailing Address 9055 Mary Ave NW

City State Zip Code  
Seattle WA 98117-3428

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: 10 / 02 / 2009  
Transaction ID: 8261247  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr William H Ralston

Mailing Address 344 E. Main Street

City State Zip Code  
Newark DE 19711-7148

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: 10 / 02 / 2009  
Transaction ID: 8261248  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 113

(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 Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Charles D Calhoun		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 21 Welwyn Rd		<b>Transaction ID:</b> 8261249
	City Newark	State DE	Zip Code 19711-2463
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Joel C Gelbman		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 919 Kensington Ln		<b>Transaction ID:</b> 8261250
	City Livingston	State NJ	Zip Code 07039-8252
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Barbara Ann Rich		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 2 Kendles Run Rd		<b>Transaction ID:</b> 8261251
	City Moorestown	State NJ	Zip Code 08057-3920
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<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 17 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Sidney A Whitman

Mailing Address 52 Florence Ln

City State Zip Code  
Princeton NJ 08540-2631

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 0 / 0 2 / 2 0 0 9

**Transaction ID:** 8261252

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Robert E Weger

Mailing Address 133 Park Avenue

City State Zip Code  
Morristown NJ 07960-4664

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 0 / 0 2 / 2 0 0 9

**Transaction ID:** 8261253

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Robert Elliott Langsten

Mailing Address 4684 Lovegrass Ln

City State Zip Code  
Crestview FL 32539-8357

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

Name of Employer self-employed Occupation Armed Forces

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
549.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

**Transaction ID:** 8261254

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Sally Cram

Mailing Address 7727 Ogden Ct

City Falls Church State VA Zip Code 22043-3322

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: 10 / 02 / 2009  
Transaction ID: 8261255  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Mark F Ploskonka

Mailing Address 1818 Kelly Ct

City Darien State IL Zip Code 60561-5600

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: 10 / 08 / 2009  
Transaction ID: 8292329  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Samuel B Low

Mailing Address 4955 SW 91st Dr

City Gainesville State FL Zip Code 32608-7186

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: 10 / 09 / 2009  
Transaction ID: 8294185  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sue Kuehn

Mailing Address 1389 Virginia St

City Alamo State CA Zip Code 94507-2879

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

Name of Employer self-employed Occupation real estate broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 09 / 2009  
Transaction ID: 8294186  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Gerald W Bird

Mailing Address 1983 Rockledge Dr

City Rockledge State FL Zip Code 32955-4916

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: 10 / 09 / 2009  
Transaction ID: 8294187  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jerilyn R. Bird

Mailing Address 1983 South Rockledge Drive

City Rockledge State FL Zip Code 32955-4916

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

Name of Employer Drs. Bird & Johnson Oral Surgery Occupation office manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 09 / 2009  
Transaction ID: 8294188  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Idalia Lastra

Mailing Address 2001 SW 4th Ave

City State Zip Code  
Miami FL 33129-1302

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 0 / 0 9 / 2 0 0 9

**Transaction ID:** 8294192

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr William R Calnon

Mailing Address 116 Colby St

City State Zip Code  
Spencerport NY 14559-9711

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 0 / 0 9 / 2 0 0 9

**Transaction ID:** 8294193

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary Kay Calnon

Mailing Address 116 Colby Street

City State Zip Code  
Spencerport NY 14559-9711

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

Name of Employer Churchville Schools Occupation  
neuropsychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID:** 8294194

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 113

(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr George B Dorris, Jr

Mailing Address 6 Pembroke PI

City State Zip Code  
Fort Walton Beach FL 32547-1817

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

Name of Employer Occupation  
Self-employed dentist Dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 8294198

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr James W Antoon

Mailing Address 578 Wethersfield PI

City State Zip Code  
Melbourne FL 32940-1879

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

Name of Employer Occupation  
Self-employed dentist Dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 8294199

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr John J Mooney

Mailing Address 84 Bosworth Rd

City State Zip Code  
Pomfret Center CT 06259-1802

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

Name of Employer Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 8294202

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Daniel J Klemmedson

Mailing Address 4501 N Paseo Imuris

City Tucson State AZ Zip Code 85750-1710

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2009

**Transaction ID: 8294203**

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jeanne M. Nicolette

Mailing Address 7814 Calverton Sq

City New Albany State OH Zip Code 43054-9340

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

Name of Employer Self-employed dentist Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2009

**Transaction ID: 8294213**

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Larry W Nissen

Mailing Address 2424 Willowbrook Rd

City Merritt Island State FL Zip Code 32952-4143

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2009

**Transaction ID: 8294215**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Carol Nissen

Mailing Address 280 North Sykes Creek Parkway  
Suite C

City Merritt Island State FL Zip Code 32953-3491

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

Name of Employer Dr. Larry W. Nissen Occupation registered nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2009  
Transaction ID: 8294216  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Krista Marie Jones

Mailing Address 8150 Bald Eagle

City Jones State OK Zip Code 73049-3476

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

Name of Employer self-employed Occupation Parttime Practice (<30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2009  
Transaction ID: 8294219  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Brandon Robert Maddox

Mailing Address 307 Snider Ln

City Chatham State IL Zip Code 62629-5022

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 10 / 09 / 2009  
Transaction ID: 8294223  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Reneida Reyes

Mailing Address 104 Park Pl

City State Zip Code  
Brooklyn NY 11217-3303

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 0 / 0 9 / 2 0 0 9

**Transaction ID:** 8294225

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr George John Muller, II

Mailing Address 3202 Iris Dr

City State Zip Code  
Rapid City SD 57702-6921

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 0 / 0 9 / 2 0 0 9

**Transaction ID:** 8294227

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Donald Morton Lunn

Mailing Address 8315 Alamo Rd

City State Zip Code  
Brentwood TN 37027-7328

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 0 / 0 9 / 2 0 0 9

**Transaction ID:** 8294228

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Saideh Namazikhah

Mailing Address 8920 Wilshire Blvd., #601

City State Zip Code  
Beverly Hills CA 90211-1960

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294299

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Gordon R Isbell, III

Mailing Address 317 Lake Wood Dr

City State Zip Code  
Gadsden AL 35901-5343

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294300

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Jeane L Schoemaker

Mailing Address 15555 Cty Rd 18.5

City State Zip Code  
Fort Morgan CO 80701

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294301

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Bernard P Dishler  
Mailing Address 137 Mahogany Way  
City Lansdale State PA Zip Code 19446-5689  
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 10 / 12 / 2009  
Transaction ID: 8294302  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Lloyd J. Hagedorn  
Mailing Address 6409 E Canal Point  
City Fort Wayne State IN Zip Code 46804  
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 10 / 12 / 2009  
Transaction ID: 8294303  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jan Hagedorn  
Mailing Address 6409 E. Canal Point  
City Fort Wayne State IN Zip Code 46804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Periodontics Limited Occupation office administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 12 / 2009  
Transaction ID: 8294304  
Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Douglas B Torbush

Mailing Address 5360 Kanawha Ct

City State Zip Code  
Stone Mountain GA 30087-2108

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294305**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Debbie Torbush

Mailing Address 1000 Iris Drive

City State Zip Code  
Conyers GA 30094-6632

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

Name of Employer self-employed Occupation retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294306**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Stephen J Zuknick

Mailing Address 5122 Whispering Leaf Trl

City State Zip Code  
Valrico FL 33596-7945

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294307**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Brian Edward Scott

Mailing Address 4660 Falstaff Ave

City State Zip Code  
Fremont CA 94555-2048

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294308

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr William J Moore

Mailing Address 13750 Crestview Dr

City State Zip Code  
Red Bluff CA 96080-9314

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294309

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Edmund Anthony Cassella

Mailing Address 744 Onaha St

City State Zip Code  
Honolulu HI 96816-4921

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294310

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr David M Prator

Mailing Address PO Box 876869

City State Zip Code  
Wasilla AK 99687-6869

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294311**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Pamela Z Baldassarre

Mailing Address 56 Oak Dr

City State Zip Code  
Bedford NH 03110-6032

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294312**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Marshall A Baldassarre

Mailing Address 56 Oak Dr

City State Zip Code  
Bedford NH 03110-6032

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294313**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 113  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Andrew G Vorrasi

Mailing Address 155 Georgian Court Rd

City State Zip Code  
Rochester NY 14610-3416

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: 10 / 12 / 2009  
Transaction ID: 8294314  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Lee Dale Jess

Mailing Address 30047 Sunny Beach Rd

City State Zip Code  
Grand Rapids MN 55744-4897

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: 10 / 12 / 2009  
Transaction ID: 8294315  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Susan Vorrasi

Mailing Address 155 Georgian Court Road

City State Zip Code  
Rochester NY 14610-3416

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

Name of Employer Dr. Andrew Vorrasi Occupation office manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 12 / 2009  
Transaction ID: 8294316  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Rickland G Asai

Mailing Address 2640 Orchard Hill Pl

City State Zip Code  
Lake Oswego OR 97035-1135

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294317**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Howard Richard Gamble

Mailing Address 106 Sherer Ct

City State Zip Code  
Sheffield AL 35660-1727

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294318**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Gary L Roberts

Mailing Address 9803 Scottwood Dr

City State Zip Code  
Shreveport LA 71106-7745

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294319**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Rhett Leonard Murray

Mailing Address 11903 E Yale Way

City Aurora State CO Zip Code 80014-3126

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 10 / 12 / 2009

**Transaction ID: 8294320**

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Martha Murray

Mailing Address 11903 E. Yale Way

City Aurora State CO Zip Code 80014-3126

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

Name of Employer Dr. Rhett Murray Occupation dental hygienist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2009

**Transaction ID: 8294321**

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr James Lloyd Ribary

Mailing Address 3004 91st Avenue Ct NW

City Gig Harbor State WA Zip Code 98335-6062

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 10 / 12 / 2009

**Transaction ID: 8294322**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Michael E. Biermann  
 Mailing Address 3529 N Willamette Blvd  
 City Portland State OR Zip Code 97217-5163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt 10 / 12 / 2009  
**Transaction ID: 8294323**  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Susan M. Biermann  
 Mailing Address 5900 N Lombard St  
 City Portland State OR Zip Code 97203-4118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Michael Biermann, DMD Occupation office manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt 10 / 12 / 2009  
**Transaction ID: 8294324**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Jeffrey D Dow  
 Mailing Address 385 River Rd  
 City Benton State ME Zip Code 04901-3430  
 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 10 / 12 / 2009  
**Transaction ID: 8294325**  
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Denis E Simon, III

Mailing Address 5653 Duncan Kenner Dr

City State Zip Code  
Baton Rouge LA 70820-4418

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294326**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr William D Powell

Mailing Address 5400 Neilwoods Dr

City State Zip Code  
Knoxville TN 37919-8936

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294327**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Linda Powell

Mailing Address 5400 Neilwoods Drive

City State Zip Code  
Knoxville TN 37919-8936

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

Name of Employer self-employed Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294328**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 35 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Richard A Huot

Mailing Address 8776 W Orchid Island Cir

City State Zip Code  
Vero Beach FL 32963-4149

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

Name of Employer Occupation  
Self-employed Dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	9

**Transaction ID:** 8294329

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Joanne Huot

Mailing Address 5070 Highway A1a

City State Zip Code  
Vero Beach FL 32963-1400

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

Name of Employer Occupation  
self-employed retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	9

**Transaction ID:** 8294330

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Kathleen Roth

Mailing Address 509 Summit Dr

City State Zip Code  
West Bend WI 53095-3853

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

Name of Employer Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	9

**Transaction ID:** 8294331

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Daniel Hoag Roth

Mailing Address 509 Summit Dr

City State Zip Code  
West Bend WI 53095-3853

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294332**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Michael C Griffiths

Mailing Address 1920 Irving St NE

City State Zip Code  
Washington DC 20018-2430

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294333**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Hal Hale

Mailing Address 8941 E Blake Ct

City State Zip Code  
Wichita KS 67207-5803

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294334**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Michael Shreck

Mailing Address 306 Harbor Dr

City State Zip Code  
Lido Beach NY 11561-4907

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  
10 / 12 / 2009

**Transaction ID: 8294335**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Carol M. Wolff

Mailing Address 1646 N Pelham Rd NE

City State Zip Code  
Atlanta GA 30324-5263

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  
10 / 12 / 2009

**Transaction ID: 8294336**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr AJ Smith

Mailing Address 1059 Military Dr

City State Zip Code  
Salt Lake City UT 84105-1747

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 ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2009

**Transaction ID: 8294337**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Richard A Weinman

Mailing Address 175 Inland Ridge Way NE

City Atlanta State GA Zip Code 30342-2068

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 10 / 12 / 2009

**Transaction ID: 8294338**

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr John Francis Bickford

Mailing Address 531 Mayes Rd

City Powder Springs State GA Zip Code 30127-4430

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 10 / 12 / 2009

**Transaction ID: 8294342**

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Molly Bickford

Mailing Address 531 Mayes Road

City Powder Springs State GA Zip Code 30127-4430

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

Name of Employer Jack Bickford, DDS Occupation dental assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2009

**Transaction ID: 8294343**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Brian O Coleman

Mailing Address 8527 Sand Lake Shores Dr

City State Zip Code  
Orlando FL 32836-6342

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

Name of Employer Occupation  
Self-employed Dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294344

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Kerry Lane

Mailing Address 20 Rampasture Rd

City State Zip Code  
Hampton Bays NY 11946-3120

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

Name of Employer Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294345

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Steven Ira Snyder

Mailing Address 41 Elderwood Dr

City State Zip Code  
Saint James NY 11780-3438

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

Name of Employer Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294346

Amount of Each Receipt this Period  
500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr John Liang

Mailing Address 3675 Mohawk St

City State Zip Code  
New Hartford NY 13413-3809

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

Name of Employer self-employed Occupation  
dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294347

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr James M Boyle

Mailing Address 1365 Trinity Church Road

City State Zip Code  
Wrightsville PA 17368-9207

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

Name of Employer self-employed Occupation  
dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294348

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Michael R Breault

Mailing Address 1204 Fernwood Dr

City State Zip Code  
Schenectady NY 12309-2618

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

Name of Employer self-employed Occupation  
dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294349

Amount of Each Receipt this Period

500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Richard Andolina

Mailing Address 24 Meadowbrook Dr

City State Zip Code  
Arkport NY 14807-9547

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294350

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Scott J Farrell

Mailing Address 125 Chalburn Rd

City State Zip Code  
Vestal NY 13850-2811

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294351

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5212 Mesa Del Oso Rd NE

City State Zip Code  
Albuquerque NM 87111-3711

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294357

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Kim U Jernigan

Mailing Address 1808 North 16th Avenue

City State Zip Code  
Pensacola FL 32503-5365

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294358**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Kevin Joseph Hanley

Mailing Address 8301 Old Post Rd E

City State Zip Code  
East Amherst NY 14051-1530

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294359**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Princy S Rekhi

Mailing Address 20705 35th Dr SE

City State Zip Code  
Bothell WA 98021-7022

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294360**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Joseph F Hagenbruch

Mailing Address 404 W McKinley St

City State Zip Code  
Harvard IL 60033-2160

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294361**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Rita Hagenbruch

Mailing Address 404 W. McKinley Street

City State Zip Code  
Harvard IL 60033-2160

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

Name of Employer self-employed Occupation  
homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294362**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Kevin D Sessa

Mailing Address 682 W Hickory St

City State Zip Code  
Louisville CO 80027-1055

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294363**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** 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 10 / 12 / 2009

**Transaction ID: 8294364**

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Robert A Faiella

Mailing Address 39 Eaglestone Way

City Cotuit State MA Zip Code 02635-2826

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 10 / 12 / 2009

**Transaction ID: 8294365**

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Scott L Morrison

Mailing Address 2459 N 148th St

City Omaha State NE Zip Code 68116-5101

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 10 / 12 / 2009

**Transaction ID: 8294366**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 113

(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Anne Morrison

Mailing Address 2459 N. 148th Street

City State Zip Code  
Omaha NE 68116-5101

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

Name of Employer Occupation  
USDA auditor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294369

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Gregory A Lacy

Mailing Address 918 Chestnut Ridge Road

City State Zip Code  
Morgantown WV 26505-2822

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294370

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Sharon Riva

Mailing Address 393 Wyoming Avenue

City State Zip Code  
Millburn NJ 07041-2135

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

Name of Employer Occupation  
self-employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294371

Amount of Each Receipt this Period

250.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Russell I Webb

Mailing Address 1058 Truchard Ln

City Lincoln State CA Zip Code 95648-8129

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: 10 / 12 / 2009  
Transaction ID: 8294372  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Kathi Webb

Mailing Address 1058 Truchard Lane

City Lincoln State CA Zip Code 95648-8129

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

Name of Employer self-employed Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 12 / 2009  
Transaction ID: 8294373  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 522 W Lake Sammamish Pkwy SE

City Bellevue State WA Zip Code 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: 10 / 12 / 2009  
Transaction ID: 8294374  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** 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 Occupation  
Dr. Richard A. Crinzi receptionist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294375**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Charles Robert Weber

Mailing Address 1200 Waterford Rd

City State Zip Code  
West Chester PA 19380-5814

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294376**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Douglas A Wyckoff

Mailing Address 8992 NW Barwick Dr

City State Zip Code  
Cameron MO 64429-7537

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294377**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr John P Fisher

Mailing Address 414 Ocean Avenue

City State Zip Code  
Marblehead MA 01945-3853

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294378**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Kathryn Kell

Mailing Address 6401 Utica Ridge Rd Apt 32

City State Zip Code  
Davenport IA 52807-3362

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294380**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Douglas S Hadnot

Mailing Address PO Box 278

City State Zip Code  
Lolo MT 59847-0278

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294381**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 49 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Dan Gifford Middaugh

Mailing Address 9709 48th Ave NE

City State Zip Code  
Seattle WA 98115-2625

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294382**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Craig A Eisenhart

Mailing Address 10897 Maddern Run Rd

City State Zip Code  
Mill Creek PA 17060-9513

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294383**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Richard A Stevenson

Mailing Address 14409 Mandarin Rd

City State Zip Code  
Jacksonville FL 32223-2543

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8294384**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Marilyn Stevenson

Mailing Address 6851 Belfort Oaks Place

City State Zip Code  
Jacksonville FL 32216-6242

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

Name of Employer self-employed Occupation  
retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294385

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Robert T. Ferris

Mailing Address 1831 Sweetwater Bnd

City State Zip Code  
Deltona FL 32738-3523

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  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294386

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Richard J Rosato

Mailing Address 29 Coventry Rd

City State Zip Code  
Concord NH 03301-3027

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  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8294860

Amount of Each Receipt this Period  
500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas M. Bush

Mailing Address Indiana Dental Association  
P.O. Box #2467

City Indianapolis State IN Zip Code 46206

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

Name of Employer Indiana Dental Association Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 12 / 2009  
Transaction ID: 8294878  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Douglas P Walsh

Mailing Address 4853 Beach Dr SW

City Seattle State WA Zip Code 98116-4342

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 10 / 12 / 2009  
Transaction ID: 8294926  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Kathy Blain-Walsh

Mailing Address 4853 Beach Drive, SW

City Seattle State WA Zip Code 98116-4342

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

Name of Employer Windermere Real Estate Occupation real estate agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2009  
Transaction ID: 8294927  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 950.00

**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 52 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Wade G Winker

Mailing Address 220 Eastridge Dr

City State Zip Code  
Eustis FL 32726-7639

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294946

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Joseph S Gay

Mailing Address 8 NW 158th St

City State Zip Code  
Miami FL 33169-6731

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294950

Amount of Each Receipt this Period  
200.00

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

Mailing Address PO Box 314

City State Zip Code  
Winter Park CO 80482-0314

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8294972

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Michael H Wasserman  
 Mailing Address 184 North St  
 City State Zip Code  
 Pittsfield MA 01201-5161  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 9  
**Transaction ID:** 8294986  
 Amount of Each Receipt this Period  
 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation dentist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Larry Degroat  
 Mailing Address 13713 Bridgewater Ct W  
 City State Zip Code  
 South Lyon MI 48178-1908  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 9  
**Transaction ID:** 8294988  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation dentist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Martha E Proctor  
 Mailing Address 2737 N Pine Grove Ave  
 City State Zip Code  
 Chicago IL 60614-6109  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 9  
**Transaction ID:** 8295007  
 Amount of Each Receipt this Period  
 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation dentist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Andrew P Soderstrom

Mailing Address 1001 Sycamore Ave

City Modesto State CA Zip Code 95350-5233

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 10 / 12 / 2009

Transaction ID: 8295017

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr David F Boden

Mailing Address 938 SW Hidden River Ave

City Palm City State FL Zip Code 34990-2006

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 10 / 12 / 2009

Transaction ID: 8295050

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Joseph R Kenneally

Mailing Address 16 Rivers Edge Dr

City Kennebunk State ME Zip Code 04043-7741

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 10 / 12 / 2009

Transaction ID: 8295603

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Lisa P Howard

Mailing Address 16 Rivers Edge Dr

City State Zip Code  
Kennebunk ME 04043-7741

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2009

**Transaction ID:** 8295604

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Charles L. Smith

Mailing Address 17 High Meadow Drive

City State Zip Code  
Charleston WV 25311-9734

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  
10 / 12 / 2009

**Transaction ID:** 8295605

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Jeanne M Salcetti

Mailing Address 735 Yardglen Ct

City State Zip Code  
Colorado Springs CO 80906-7630

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  
10 / 12 / 2009

**Transaction ID:** 8295606

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Erik Constant Mathys

Mailing Address 5774 Shasta Cir

City Littleton State CO Zip Code 80123-2735

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: 10 / 12 / 2009  
Transaction ID: 8295607  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Payam Goudarzi

Mailing Address 60A Union St

City Sidney State NY Zip Code 13838-1430

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: 10 / 12 / 2009  
Transaction ID: 8295608  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr William Allen Pfeifer

Mailing Address 12009 S. Allerton Circle

City Parker State CO Zip Code 80138-8829

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: 10 / 12 / 2009  
Transaction ID: 8295609  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Scarlet Disse-Pfeifer

Mailing Address 6979 S Holly Circle

City State Zip Code  
Centennial CO 80112-1577

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8295610

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr F Robert Murphy

Mailing Address 4075 57th St

City State Zip Code  
Boulder CO 80301-3021

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8295611

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Harold R Christiansen

Mailing Address 12341 E Vassar Dr

City State Zip Code  
Aurora CO 80014-1929

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8295612

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Steven B Aragon

Mailing Address 6229 S Iola Way

City Englewood State CO Zip Code 80111-5761

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: 10 / 12 / 2009  
Transaction ID: 8295614  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Matthew J Neary

Mailing Address 99 Summit Rd

City Riverside State CT Zip Code 06878-2106

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: 10 / 12 / 2009  
Transaction ID: 8295615  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Robert Joseph Doherty

Mailing Address 8 Oxford Rd

City White Plains State NY Zip Code 10605-3603

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: 10 / 12 / 2009  
Transaction ID: 8295616  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Lawrence E Volland  
Mailing Address 4538 Sharon Dr  
City Lockport State NY Zip Code 14094-1314  
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 10 / 12 / 2009  
Transaction ID: 8295617  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Valerie Budar Peckosh  
Mailing Address 2310 Simpson St  
City Dubuque State IA Zip Code 52003-7719  
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 10 / 12 / 2009  
Transaction ID: 8295618  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Lidia Marmurek Epel  
Mailing Address 165 N. Village Avenue  
City Rockville Centre State NY Zip Code 11570-3761  
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 10 / 12 / 2009  
Transaction ID: 8295619  
Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 113  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Ryan Samuel Lebster

Mailing Address 1103 Jill Louise Ct

City State Zip Code  
Holland MI 49424-5322

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8295620

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Edith Jane Gillette

Mailing Address 40 E. Mendenhall Street

City State Zip Code  
Bozeman MT 59715-3631

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8295621

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher Gillette

Mailing Address 40 E. Mendenhall Street

City State Zip Code  
Bozeman MT 59715-3631

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

Name of Employer self-employed Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8295622

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Debra G Stewart

Mailing Address 5711 Sanford Rd

City State Zip Code  
Houston TX 77096-6036

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

Name of Employer Occupation  
Self-employed Dentist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295623

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Teri L Barichello

Mailing Address 0114 SW Abernathy St

City State Zip Code  
Portland OR 97239-4358

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

Name of Employer Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295624

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Frank J Graham

Mailing Address 515 Queen Anne Road

City State Zip Code  
Teaneck NJ 07666-3237

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

Name of Employer Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295625

Amount of Each Receipt this Period  
500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr John T Mooney

Mailing Address 2645 N Summers Way

City State Zip Code  
Pocatello ID 83204-7236

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8295626

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jack D Klure

Mailing Address 5720 N Five Mile Rd

City State Zip Code  
Boise ID 83713-1853

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

Name of Employer Self-employed dentist 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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8295627

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Hilton Israelson

Mailing Address 5923 Oakcrest Rd

City State Zip Code  
Dallas TX 75248-3850

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8295628

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 63 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Maureen Israelson

Mailing Address 702 W Arapaho #108

City Richardson State TX Zip Code 75080-4154

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

Name of Employer self-employed Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2009  
Transaction ID: 8295629  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Karl P Woods

Mailing Address 3 Ridgeway St

City Houlton State ME Zip Code 04730-1516

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 10 / 12 / 2009  
Transaction ID: 8295630  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Fred A Bremner

Mailing Address 27 Touchstone

City Lake Oswego State OR Zip Code 97035-1905

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 10 / 12 / 2009  
Transaction ID: 8295631  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr James L Schmidt

Mailing Address PO Box 665

City Readfield State ME Zip Code 04355-0665

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: 10 / 12 / 2009  
Transaction ID: 8295632  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Richard Terry Grubb

Mailing Address 2010 Edgewood Ln

City Wenatchee State WA Zip Code 98801-9122

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: 10 / 12 / 2009  
Transaction ID: 8295633  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sharen Grubb

Mailing Address 2010 Edgewood Lane

City Wenatchee State WA Zip Code 98801-9122

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

Name of Employer self-employed Occupation volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 12 / 2009  
Transaction ID: 8295757  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Gary K Dubin

Mailing Address 281 Monticello Dr

City State Zip Code  
Branford CT 06405-4180

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  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295758

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Dana J Johnson

Mailing Address 1955 Vassar Cir

City State Zip Code  
Boulder CO 80305-5603

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  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295759

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr R Scott De Bruin

Mailing Address RR 1 Box 2095

City State Zip Code  
Enosburg Falls VT 5450

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  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295760

Amount of Each Receipt this Period  
500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 113

(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 Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Julie De Bruin		Date of Receipt MM / DD / YYYY 10 / 12 / 2009		
	Mailing Address RR 1, Box 2095		<b>Transaction ID:</b> 8295761		
	City Enosburg Falls	State VT	Zip Code 05450	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer R. Scott DeBruin, DDS	Occupation dental hygienist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Jonathan David Shenkin		Date of Receipt MM / DD / YYYY 10 / 12 / 2009		
	Mailing Address 654 Kenduskeag Ave		<b>Transaction ID:</b> 8295762		
	City Bangor	State ME	Zip Code 04401-7602	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 ▼  
500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Eleanor A Gill		Date of Receipt MM / DD / YYYY 10 / 12 / 2009		
	Mailing Address 2605 School St		<b>Transaction ID:</b> 8295763		
	City Hernando	State MS	Zip Code 38632-2217	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 ▼  
500.00

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr John C Di Grazia

Mailing Address 967 Leah Cir

City State Zip Code  
Reno NV 89511-8524

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: 10 / 12 / 2009  
Transaction ID: 8295764  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Gary S Yonemoto

Mailing Address 265 Kaiolohia PI

City State Zip Code  
Honolulu HI 96825-1515

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: 10 / 12 / 2009  
Transaction ID: 8295765  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Ronald L. Tankersley

Mailing Address 451 Harcourt PI

City State Zip Code  
Newport News VA 23602-6409

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: 10 / 12 / 2009  
Transaction ID: 8295766  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Richard F Hettinger

Mailing Address 5000 Hamilton Blvd

City State Zip Code  
Sioux City IA 51104-1153

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295767**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Robert E Roesch

Mailing Address 2137 Nye Dr

City State Zip Code  
Fremont NE 68025-2210

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295768**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Melvin N Thaler

Mailing Address 2502 S Big Timber Pl

City State Zip Code  
Sioux Falls SD 57105-5159

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295769**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Teri-Ross Icyda

Mailing Address 3970 NE Joes Point Rd

City State Zip Code  
Stuart FL 34996-1420

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

Name of Employer Occupation  
Self-employed Dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295770

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Eugene Sekiguchi

Mailing Address 4041 Hampstead Rd

City State Zip Code  
La Canada Flintridge CA 91011-3928

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

Name of Employer Occupation  
self-employed Parttime Faculty/ Parttime Practice

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295771

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Steven M Erlandson

Mailing Address 2143 26th Ave S

City State Zip Code  
Grand Forks ND 58201-6486

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

Name of Employer Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295772

Amount of Each Receipt this Period  
500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Kenneth McDougall

Mailing Address 1605 9th Ave SE

City State Zip Code  
Jamestown ND 58401-6451

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 ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295773**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Rosemary McDougall

Mailing Address 1605 9th Avenue, SE

City State Zip Code  
Jamestown ND 58401-6451

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

Name of Employer Kenneth McDougall, DDS Occupation business manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295774**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Heather B Heddens

Mailing Address 2748 E Trio Ln

City State Zip Code  
Washington IA 52353-9334

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295775**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 71 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Raymond F Gist

Mailing Address 5301 Deepdale Dr

City State Zip Code  
Grand Blanc MI 48439-9563

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295776**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr David K Okano

Mailing Address 2107 Prairie Ave

City State Zip Code  
Rock Springs WY 82901-6764

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  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295777**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Ronald P Lemmo

Mailing Address 7400 Hillside Ln

City State Zip Code  
Solon OH 44139-5662

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  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295778**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 72 / 113  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Marsha A Pyle

Mailing Address 7440 Hillside Ln

City State Zip Code  
Solon OH 44139-5662

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295779**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr William F Martin, III

Mailing Address 211 Winchester Beach Dr

City State Zip Code  
Annapolis MD 21409-5857

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295780**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Robert James Gherardi

Mailing Address 3900 Eubank Blvd., NE

City State Zip Code  
Albuquerque NM 87111-3465

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 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295781**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 113

(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Terry L Buckenheimer

Mailing Address 2807 W Price Ave Unit 3

City State Zip Code  
Tampa FL 33611-3874

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

Name of Employer Occupation  
Self-Employed Dentist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295782

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Geraldine Mackoul Ferris

Mailing Address 2118 Lake Drive

City State Zip Code  
Winter Park FL 32789-2840

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

Name of Employer Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295783

Amount of Each Receipt this Period  
375.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Nolan W Allen

Mailing Address 9159 Jakes Path

City State Zip Code  
Largo FL 33771-6312

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

Name of Employer Occupation  
Self-employed Dentist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 8295784

Amount of Each Receipt this Period  
375.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Daniel R Menze

Mailing Address 1121 Timberline Rd

City Moberly State MO Zip Code 65270-2928

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 10 / 12 / 2009

**Transaction ID: 8295785**

Amount of Each Receipt this Period 500.00

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

Mailing Address 100 E HARTSDALE AVE #7B

City Hartsdale State NY Zip Code 10530-3207

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 10 / 12 / 2009

**Transaction ID: 8295786**

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Marie C Schweinebraten

Mailing Address 1122 Ascott Valley Dr

City Duluth State GA Zip Code 30097-5922

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 10 / 12 / 2009

**Transaction ID: 8295787**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr C Christopher McFarland

Mailing Address 1122 Ascott Valley Dr

City State Zip Code  
Duluth GA 30097-5922

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295788**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Gladys Tankersley

Mailing Address Ste C1  
716 Denbigh Blvd

City State Zip Code  
Newport News VA 23608

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

Name of Employer self-employed Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295994**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Pete Thomas

Mailing Address 7271 Goodman Rd

City State Zip Code  
Olive Branch MS 38654

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

Name of Employer self-employed Occupation cabinet manufacturer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID: 8295995**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 113

(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Richard M Kelley

Mailing Address 17509 Irishtown Rd

City State Zip Code  
Emmitsburg MD 21727-9113

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

Name of Employer self-employed Occupation  
dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 8296007

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr John V Reitz

Mailing Address 81 Flint Ridge Dr

City State Zip Code  
Reading PA 19607-3005

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 8296008

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Reitz

Mailing Address 15 Hessian Blvd

City State Zip Code  
Reading PA 19607-9714

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

Name of Employer self-employed Occupation  
homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 8296009

Amount of Each Receipt this Period  
250.00

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

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Robert A Shekitka

Mailing Address 24 Dorset Dr

City State Zip Code  
Clark NJ 07066-3010

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296010

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Jeffrey H Rempell

Mailing Address 41 E Cheryl Rd

City State Zip Code  
Pine Brook NJ 07058-9428

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296083

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr T Carroll Player

Mailing Address 420 Rosewood Dr

City State Zip Code  
Florence SC 29501-5454

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296084

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 78 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Keith W Suchy

Mailing Address 2445 Nelson Sq

City State Zip Code  
Westchester IL 60154-5026

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296085

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Vincent C Mayher, Jr

Mailing Address 300 N. Haddon Avenue

City State Zip Code  
Haddonfield NJ 08033-1723

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296086

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Matthew A Niewald

Mailing Address 1209 SW Summit Crossing Dr

City State Zip Code  
Lees Summit MO 64081-3264

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296087

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Paul A Gosar

Mailing Address PO Box 201

City Pinedale State WY Zip Code 82941-0201

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296088

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Mary S Jennings

Mailing Address 97 Elk Fork Dr

City Walla Walla State WA Zip Code 99362-7769

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296089

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Jerald D Bates

Mailing Address 17815 176th Ave NE

City Woodinville State WA Zip Code 98072-9633

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296090

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 80 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Carol Bates

Mailing Address 17815 176th Avenue

City State Zip Code  
Woodinville WA 98072-9633

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

Name of Employer self-employed Occupation  
homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2009

**Transaction ID: 8296091**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Thomas Soliday

Mailing Address 1996 Taneytown Rd

City State Zip Code  
Gettysburg PA 17325-8717

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  
10 / 13 / 2009

**Transaction ID: 8296092**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Bonita L. Soliday

Mailing Address 507 N Frederick Ave

City State Zip Code  
Gaithersburg MD 20877-2506

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

Name of Employer self-employed Occupation  
insurance specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2009

**Transaction ID: 8296093**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr B Scott Eder

Mailing Address 1334 Morningside Dr

City State Zip Code  
Charleston WV 25314-1958

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  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 8296094

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Morris L Robbins, Jr

Mailing Address Unit 303  
585 S Greer St

City State Zip Code  
Memphis TN 38111-3206

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  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 8296095

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Joel F. Glover

Mailing Address 1195 W Peckham Ln

City State Zip Code  
Reno NV 89509-5221

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  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 8296096

Amount of Each Receipt this Period  
500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary Glover

Mailing Address 3605 Grant Drive

City State Zip Code  
Reno NV 89509-5301

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

Name of Employer Occupation  
Joel F. Glover, DDS office business manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 8296097

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Arthur Albert Dugoni

Mailing Address 620 Sand Hill Rd  
Apt 207C

City State Zip Code  
Palo Alto CA 94304-2091

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

Name of Employer Occupation  
self-employed 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 0 / 1 3 / 2 0 0 9

Transaction ID: 8296098

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Loren J Feldner

Mailing Address 13009 S 83rd Ct

City State Zip Code  
Palos Park IL 60464-2144

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 8296099

Amount of Each Receipt this Period

500.00

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

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Larry W Osborne

Mailing Address 710 Stevens Creek Blvd

City State Zip Code  
Forsyth IL 62535-9741

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296100

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr McKinley L Price

Mailing Address 938 Shore Dr

City State Zip Code  
Newport News VA 23607-6435

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296101

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Mark V Walker

Mailing Address 20725 Snag Island Dr

City State Zip Code  
Lake Tapps WA 98391-8712

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

Name of Employer self-employed Occupation  
Other Health/Dental Org Staff

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296102

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 84 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Kennedy Wood Merritt

Mailing Address 121 Tanning Way

City Clovis State NM Zip Code 88101-2324

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 10 / 13 / 2009

**Transaction ID:** 8296107

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Terry L. Alvarez

Mailing Address 2629 Briarwood Drive

City Livermore State CA Zip Code 94551-1715

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

Name of Employer self-employed Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2009

**Transaction ID:** 8296110

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Anthony D Alvarez

Mailing Address 2629 Briarwood Dr

City Livermore State CA Zip Code 94551-1715

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 10 / 13 / 2009

**Transaction ID:** 8296111

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

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

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

FOR LINE NUMBER: PAGE 85 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Scott Owen Szotko

Mailing Address 425 W Beech St Unit 501

City State Zip Code  
San Diego CA 92101-2971

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296138

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jean L Creasey

Mailing Address 324 Nile St

City State Zip Code  
Nevada City CA 95959-2826

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8296140

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Michael Robert Hauer

Mailing Address 12620 E Cape Horn Dr

City State Zip Code  
Tucson AZ 85749-8207

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8299914

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Maralyn Hauer

Mailing Address 12620 E. Cape Horn Drive

City Tucson State AZ Zip Code 85749-8207

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

Name of Employer Dr. Michael Hauer Occupation office manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2009

Transaction ID: 8299915

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Janine J Bethea-Freihaut

Mailing Address 5546 Waterford Green Gln

City Marietta State GA Zip Code 30068-2930

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 10 / 13 / 2009

Transaction ID: 8299916

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Thomas E Sullivan

Mailing Address 9840 Dickens St

City Westchester State IL Zip Code 60154-3713

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 10 / 13 / 2009

Transaction ID: 8299917

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Jolene O Steen Paramore

Mailing Address 2515 W 33rd St

City Panama City State FL Zip Code 32405-1950

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: 10 / 13 / 2009

Transaction ID: 8299918

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Gayle Glenn

Mailing Address Apt 12  
3922 Travis St

City Dallas State TX Zip Code 75204-1765

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: 10 / 13 / 2009

Transaction ID: 8299919

Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Thomas H Stewart

Mailing Address 7221 School House Ln

City Bakersfield State CA Zip Code 93309-2778

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: 10 / 13 / 2009

Transaction ID: 8299922

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 88 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Dennis W Engel

Mailing Address 14111 N Thorngate Rd

City State Zip Code  
Mequon WI 53097-1305

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 ▼ 249.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8299930

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Michael G Durbin

Mailing Address 408 Cherry Creek Ln

City State Zip Code  
Prospect Hts IL 60070-1095

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8299932

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Renee P Pappas

Mailing Address 408 Cherry Creek Ln

City State Zip Code  
Prospect Heights IL 60070-1095

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8299933

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

**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 89 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Joseph B Michael

Mailing Address 1311 W Princess Anne Rd

City Norfolk State VA Zip Code 23507-1038

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: 10 / 13 / 2009  
Transaction ID: 8299943  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Michael Lloyd Young

Mailing Address 221 Cloveridge Dr

City Troy State MI Zip Code 48084-5445

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: 10 / 13 / 2009  
Transaction ID: 8299948  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Thomas S Underwood

Mailing Address 9003 W Cambridge Ct

City Brentwood State TN Zip Code 37027-8506

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: 10 / 13 / 2009  
Transaction ID: 8299965  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Zack D. Studstill

Mailing Address 501 Arrowhead Dr

City State Zip Code  
Montgomery AL 36117-4133

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  
10 / 13 / 2009

**Transaction ID:** 8299989

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Ronald S Bowen

Mailing Address 954 E 7145 South

City State Zip Code  
Midvale UT 84047-1765

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  
10 / 13 / 2009

**Transaction ID:** 8299990

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr John Floyd Harrington, Jr

Mailing Address 274 Nelson Rd NW

City State Zip Code  
Milledgeville GA 31061-9787

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  
10 / 13 / 2009

**Transaction ID:** 8299991

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Jade A Miller

Mailing Address 4150 Longknife Rd

City State Zip Code  
Reno NV 89519-2975

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  
10 / 13 / 2009

**Transaction ID:** 8300006

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr K David Anderson

Mailing Address 10432 Harbortowne Dr

City State Zip Code  
Northport AL 35475-3064

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  
10 / 13 / 2009

**Transaction ID:** 8300013

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Jeffery S Jarrell

Mailing Address PO Box 290

City State Zip Code  
Surveyor WV 25932-0290

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  
10 / 13 / 2009

**Transaction ID:** 8300017

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 92 / 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Sean Aaron Benson

Mailing Address 810 E Fairway Dr

City State Zip Code  
Baker City OR 97814-4372

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

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

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8300024

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Dexter Edward Barnes

Mailing Address 4330 W Cramer St

City State Zip Code  
Seattle WA 98199-1007

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

Name of Employer self-employed Occupation  
self-employed 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 0 / 1 3 / 2 0 0 9

**Transaction ID:** 8300026

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Tommy L Russell

Mailing Address 100 E Truett St

City State Zip Code  
Winters TX 79567-4532

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

Name of Employer self-employed Occupation  
self-employed 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 0 / 1 6 / 2 0 0 9

**Transaction ID:** 8648682

Amount of Each Receipt this Period  
200.00

**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 93 / 113  
(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 Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Robert A Hersh

Mailing Address 507 Stillwells Corner Road

City Freehold State NJ Zip Code 07728-2965

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: 10 / 16 / 2009  
Transaction ID: 8648729  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr William J Heimann

Mailing Address 7535 N 22nd Pl

City Phoenix State AZ Zip Code 85020-4710

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: 10 / 16 / 2009  
Transaction ID: 8648741  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Carol Heimann

Mailing Address 7535 W.22nd Place

City Phoenix State AZ Zip Code 85020

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

Name of Employer Christ the King Lutheran Church Occupation Parish Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 16 / 2009  
Transaction ID: 8648742  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 113  
(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 Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr Kent N Tucker

Mailing Address PO Box 699

City State Zip Code  
Pilot Mountain NC 27041-0699

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 0 / 1 5 / 2 0 0 9

**Transaction ID:** 8649080

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 7019 McBride Pt

City State Zip Code  
Tallahassee FL 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  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

**Transaction ID:** 8649334

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Steven R Fink

Mailing Address 3 The Crossway

City State Zip Code  
Kinneton NJ 07405-2403

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 0 / 1 2 / 2 0 0 9

**Transaction ID:** 8649347

Amount of Each Receipt this Period  
200.00

**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: (check only one)	PAGE 95 / 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Frank A. Kyle, Jr		Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 3909 Rive Dr		<b>Transaction ID:</b> 8649348
	City Alexandria	State VA	Zip Code 22309-3053
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Alicia Kyle		Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 3909 Rive Dr.		<b>Transaction ID:</b> 8649350
	City Alexandria	State VA	Zip Code 22309-3053
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation nurse Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Michael H Wasserman		Date of Receipt MM / DD / YYYY 10 / 15 / 2009
	Mailing Address 184 North St		<b>Transaction ID:</b> 8736339
	City Pittsfield	State MA	Zip Code 01201-5161
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 0.00
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 200.00	<b>[MEMO ITEM]</b> Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$20-0.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<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: (check only one)	PAGE 96 / 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Mary S Jennings		Date of Receipt
	Mailing Address 97 Elk Fork Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Walla Walla	WA	99362-7769
	FEC ID number of contributing federal political committee.		Transaction ID: 8736340
		Amount of Each Receipt this Period	<input type="text"/> 0.00
Name of Employer self-employed		Occupation	<b>[MEMO ITEM]</b> Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.-00
dentist			
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 0.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Martha E Proctor		Date of Receipt
	Mailing Address 2737 N Pine Grove Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Chicago	IL	60614-6109
	FEC ID number of contributing federal political committee.		Transaction ID: 8736341
		Amount of Each Receipt this Period	<input type="text"/> 0.00
Name of Employer self-employed		Occupation	<b>[MEMO ITEM]</b> Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$20-0.00
dentist			
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 0.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 118100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 97 / 113	
	(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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Titus For Congress		Date of Receipt
	Mailing Address 1637 Travois Circle		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Las Vegas	NV	89119
	FEC ID number of contributing federal political committee.		Transaction ID: 8267178
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="5000.00"/>	check refunded-no campaign debt
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

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

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

FOR LINE NUMBER: PAGE 98 / 113  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 1600 Evans Road

City Cary State NC Zip Code 27513

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 16562.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

**Transaction ID: 8670541**

Amount of Each Receipt this Period  
 49.00

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

Mailing Address 1600 Evans Road

City Cary State NC Zip Code 27513

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 16758.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

**Transaction ID: 8670542**

Amount of Each Receipt this Period  
 196.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 245.00

**TOTAL** This Period (last page this line number only) ..... ► 245.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dede For Congress Inc</p> <p>Mailing Address 63 Gleason Street</p> <p>City Gouverneur State NY Zip Code 13642</p> <p>Purpose of Disbursement check mailed to Diane Bartholomew</p> <p>Candidate Name Dierdre Scozzafava</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8257494 <b>Date of Disbursement</b> 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>check mailed to Diane Bartholomew</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Comm. To Re-Elect Nydia Velazquez</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement Void - Comm. To Re-Elect Nydia Velazquez-check returned-unable to deliver</p> <p>Candidate Name Nydia Velazquez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8267172 <b>Date of Disbursement</b> 10 / 05 / 2009</p> <p>Amount of Each Disbursement this Period -4000.00</p> <p>Void - Comm. To Re-Elect Nydia Velazquez-check returned-unable to deliver</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pete King For Congress Comm.</p> <p>Mailing Address PO Box 1428</p> <p>City Seaford State NY Zip Code 11783</p> <p>Purpose of Disbursement check sent to Bob Peskin</p> <p>Candidate Name Peter King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8267627 <b>Date of Disbursement</b> 10 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>check sent to Bob Peskin</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 100 / 113

<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

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

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

A.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress	Transaction ID: 8267631 Date of Disbursement
	Mailing Address PO Box 2334	<input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period
	Purpose of Disbursement Void - Michael Burgess For Congress-unable to deliver	<input type="text" value="-2500.00"/>
	Candidate Name Rep. Michael C. Burgess, M.D.	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Michael Burgess For Congress-unable to deliver

B.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress	Transaction ID: 8267632 Date of Disbursement
	Mailing Address PO Box 2334	<input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period
	Purpose of Disbursement check sent to Dr. John Findley	<input type="text" value="2500.00"/>
	Candidate Name Rep. Michael C. Burgess, M.D.	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		check sent to Dr. John Findley

C.	Full Name (Last, First, Middle Initial) People For Ben	Transaction ID: 8267634 Date of Disbursement
	Mailing Address PO Box 31129	<input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Santa Fe State NM Zip Code 87594	Amount of Each Disbursement this Period
	Purpose of Disbursement check sent to Dr. Mark Moores	<input type="text" value="5000.00"/>
	Candidate Name Mr. Ben Lujan	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		check sent to Dr. Mark Moores

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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 Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>LINC PAC</b> <hr/> Mailing Address 181 Connecticut Ave., NW Ste 1100 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Check sent to PAC for event 10/16/09 attended by Dr. Robert Mason Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8301000 Date of Disbursement 10 / 15 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Check sent to PAC for event 10/16/09 attended by Dr. Robert Mason
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) <b>SHORE PAC</b> <hr/> Mailing Address PO Box 3157 495 Broadway <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Check sent to PAC Candidate Name SHORE PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8301004 Date of Disbursement 10 / 15 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Check sent to PAC
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Friends Of Jeb Hensarling</b> <hr/> Mailing Address PO Box 820504 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement Check sent to Dr. Terry Darden for event 10/24/09 Candidate Name Rep. Jeb Hensarling <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8649353 Date of Disbursement 10 / 19 / 2009
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Check sent to Dr. Terry Darden for event 10/24/09
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10500.00

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

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

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

FOR LINE NUMBER: (check only one)

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<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 Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Roskam for Congress Committee	Transaction ID: 8650517 Date of Disbursement 10 / 20 / 2009
	Mailing Address 141 Shelley Lane	Amount of Each Disbursement this Period 1000.00
	City Wheaton State IL Zip Code 60187	
	Purpose of Disbursement Check sent to Campaign for event attended by Michael Graham on 10/08/09	011 Category/ Type
	Candidate Name Peter Roskam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06	Check sent to Campaign for event attended by Michael Graham on 10/08/09

B.	Full Name (Last, First, Middle Initial) Schauer For Congress	Transaction ID: 8650518 Date of Disbursement 10 / 20 / 2009
	Mailing Address PO Box 100	Amount of Each Disbursement this Period 2500.00
	City Battle Creek State MI Zip Code 49016	
	Purpose of Disbursement Check sent to Campaign for event attended by MI dentists on 9/16/09	011 Category/ Type
	Candidate Name Rep. Mark Schauer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 07	Check sent to Campaign for event attended by MI dentists on 9/16/09

C.	Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden	Transaction ID: 8650519 Date of Disbursement 10 / 20 / 2009
	Mailing Address 18 N. Second Street PO Box 37 PO Box 37	Amount of Each Disbursement this Period 2500.00
	City Saint Clair State PA Zip Code 17970	
	Purpose of Disbursement Check sent to Dr. John Reitz	011 Category/ Type
	Candidate Name Rep. Tim Holden	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 17	Check sent to Dr. John Reitz

<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)

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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 Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rodney Alexander For Congress, Inc</p> <p>Mailing Address PO Box 367 319 Nancy Road</p> <p>City Quitman State LA Zip Code 71268</p> <p>Purpose of Disbursement Check sent to Dr. King Scott</p> <p>Candidate Name Rodney Alexander</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8650520 <b>Date of Disbursement</b> 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Check sent to Dr. King Scott</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Garamendi For Congress</p> <p>Mailing Address C/O California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426</p> <p>City Long Beach State CA Zip Code 90807</p> <p>Purpose of Disbursement Check sent to Campaign per Pam Woudstra</p> <p>Candidate Name Mr. John Garamendi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8650522 <b>Date of Disbursement</b> 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check sent to Campaign per Pam Woudstra</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress</p> <p>Mailing Address P.O. Box 696</p> <p>City Madison State WI Zip Code 53701</p> <p>Purpose of Disbursement Check sent to Mara Brooks for event 10/24/09</p> <p>Candidate Name Rep. Tammy Baldwin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8650523 <b>Date of Disbursement</b> 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Check sent to Mara Brooks for event 10/24/09</p>

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

8000.00

**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 Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) A Lot of People for Dave Obey Mailing Address PO Box 1322 City Wausau State WI Zip Code 54402 Purpose of Disbursement Check sent to Campaign per Mara Brooks at WI Dental Candidate Name David Obey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8650525 Date of Disbursement 10 / 20 / 2009
	Amount of Each Disbursement this Period 1000.00 Check sent to Campaign per Mara Brooks at WI Dental

<b>B.</b> Full Name (Last, First, Middle Initial) Richard E. Neal For Congress Committee Mailing Address 76 Magnolia Terrace City Springfield State MA Zip Code 01108 Purpose of Disbursement Check delivered by Kathleen Ford at event 10/21/09 Candidate Name Richard Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8650526 Date of Disbursement 10 / 20 / 2009
	Amount of Each Disbursement this Period 1000.00 Check delivered by Kathleen Ford at event 10/21/09

<b>C.</b> Full Name (Last, First, Middle Initial) All America PAC Mailing Address P.O. Box 2888 Suite 800 City Washington State DC Zip Code 20013 Purpose of Disbursement Check sent to PAC for event attended by Michael Graham on 10/14/09 Candidate Name All America PAC 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: 8650527 Date of Disbursement 10 / 20 / 2009
	Amount of Each Disbursement this Period 1000.00 Check sent to PAC for event attended by Michael Graham on 10/14/09

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Defend America PAC <hr/> Mailing Address P.O. Box 2626 <hr/> City Tuscaloosa State AL Zip Code 35403 <hr/> Purpose of Disbursement Check sent to Wayne McMahan Candidate Name Defend America PAC 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: 8650529 Date of Disbursement 10 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Check sent to Wayne McMahan
	011 Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Moore For Congress <hr/> Mailing Address PO Box 16646 <hr/> City Milwaukee State WI Zip Code 53216 <hr/> Purpose of Disbursement Check sent to Dr. John Moser for event 10/25/09 Candidate Name Rep. Gwen Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8650845 Date of Disbursement 10 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Check sent to Dr. John Moser for event 10/25/09
	011 Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Zack Space For Congress Committee <hr/> Mailing Address 123 West High Avenue <hr/> City New Philadelphia State OH Zip Code 44663 <hr/> Purpose of Disbursement Check sent to Campaign for event 10/14/09- approved by OH Dental Candidate Name Rep. Zachary Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8672599 Date of Disbursement 10 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Check sent to Campaign for event 10/14/09- approved by OH Dental
	011 Category/ Type

<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)

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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 Association 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 Dr. Bruce Burton for event 10/20/09 attended by Michael Brzica</p> <p>Candidate Name Greg Walden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8672600 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Check sent to Dr. Bruce Burton for event 10/20/09 attended by Michael Brzica</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Coffman For Congress Inc.</p> <p>Mailing Address 9249 South Broadway Blvd. #200-501</p> <p>City Highlands Ranch State CO Zip Code 80129</p> <p>Purpose of Disbursement Check sent to Dr. Ken Versman for event 10/21/09</p> <p>Candidate Name Mr. Mike Coffman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8672601 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Check sent to Dr. Ken Versman for event 10/21/09</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Barney Frank for Congress</p> <p>Mailing Address P.O. BOX 260</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement Check sent to David White</p> <p>Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8672602 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to David White</p>

**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)

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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 Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Candice Miller For Congress</p> <p>Mailing Address PO Box 182152</p> <p>City Shelby Township State MI Zip Code 48318</p> <p>Purpose of Disbursement Check sent to Dr. John Buchheister for event 10/27/09 attended by Michael Graham</p> <p>Candidate Name Rep. Candice S. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8672603 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Check sent to Dr. John Buchheister for event 10/27-09 attended by Michael Graham</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paul Broun Committee</p> <p>Mailing Address PO Box 7165</p> <p>City Athens State GA Zip Code 30604</p> <p>Purpose of Disbursement Check sent to Dr. Brian Hall</p> <p>Candidate Name Rep. Paul Broun</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8672605 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Dr. Brian Hall</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scalise For Congress</p> <p>Mailing Address 3100 Ridgelake Suite 309</p> <p>City Metairie State LA Zip Code 70002</p> <p>Purpose of Disbursement Check was sent to Dr. Jim Moreau</p> <p>Candidate Name Steve Scalise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8672606 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check was sent to Dr. Jim Moreau</p>

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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 Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Check sent to Kris Nicholoff for event 10/28/09 attended by Michael Brzica</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8672607 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Kris Nicholoff for event 10/28/09 attended by Michael Brzica</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement Check sent to Campaign per Dr. Mark Peppard</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8672608 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Check sent to Campaign per Dr. Mark Peppard</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Andy Harris For Congress</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement Check sent to Frank McLaughlin</p> <p>Candidate Name Andrew Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8672609 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Frank McLaughlin</p>

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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 Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fund for America's Future</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Check sent to PAC for event 10/22/09 attended by Michael Graham</p> <p>Candidate Name Fund for America's Future</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8672610 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to PAC for event 10/22/09 attended by Michael Graham</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Comm. To Re-Elect Nydia Velazquez</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Nydia Velazquez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8674655 <b>Date of Disbursement</b> 10 / 29 / 2009</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> Full Name (Last, First, Middle Initial) Pastor for Congress</p> <p>Mailing Address 802 North 3rd Avenue</p> <p>City Phoenix State AZ Zip Code 85003</p> <p>Purpose of Disbursement Check sent to Kevin Earle for event 10/28/09 attended by Judy Sherman</p> <p>Candidate Name Ed Pastor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8677203 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Kevin Earle for event 10/28/09 attended by Judy Sherman</p>

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

9000.00

**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 Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Freedom Fund	Transaction ID: 8678809 Date of Disbursement 10 / 29 / 2009
	Mailing Address 128 N Columbia Street	Amount of Each Disbursement this Period 1500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Check sent to Dr. Steven Bruce	011 Category/ Type
	Candidate Name 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) ▼
		Check sent to Dr. Steven Bruce

B.	Full Name (Last, First, Middle Initial) Issa For Congress	Transaction ID: 8678810 Date of Disbursement 10 / 29 / 2009
	Mailing Address P O Box 760	Amount of Each Disbursement this Period 4000.00
	City Vista State CA Zip Code 92085	
	Purpose of Disbursement Check sent to Dr. Budd Rubin	011 Category/ Type
	Candidate Name Rep. Darrell E. Issa	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Budd Rubin

C.	Full Name (Last, First, Middle Initial) Heller for Congress	Transaction ID: 8678812 Date of Disbursement 10 / 29 / 2009
	Mailing Address PO Box 750580	Amount of Each Disbursement this Period 1500.00
	City Las Vegas State NV Zip Code 89136	
	Purpose of Disbursement Check sent to Robert Talley	011 Category/ Type
	Candidate Name Dean Heller	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Robert Talley

<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)

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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 Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Pat PAC  Mailing Address 610 S. Boulevard St.  City Tampa State FL Zip Code 33606  Purpose of Disbursement Check sent to PAC for event 11/18/09 Candidate Name Pat PAC 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) ▼	<b>Transaction ID:</b> 8678813 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Gingrey For Congress  Mailing Address PO Box U  City Marietta State GA Zip Code 30060  Purpose of Disbursement Check sent to Dr. Robin Reich Candidate Name Rep. Phil Gingrey, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 8678815 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen  Mailing Address PO Box 44369  City Eden Prairie State MN Zip Code 55344  Purpose of Disbursement Check sent to Tom Day at MN Dental Candidate Name Erik Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 8680030 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	78000.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
New Jersey Democratic State Committee

Mailing Address 196 West State Street

City State Zip Code  
Trenton NJ 08608

Purpose of Disbursement  
check sent to Jim Schulz, NJ Dental

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 8267564

Date of Disbursement

10 / 06 / 2009

Amount of Each Disbursement this Period

2000.00

check sent to Jim Schulz,  
NJ Dental

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

A.	Full Name (Last, First, Middle Initial) Dr Michael H Wasserman  Mailing Address 184 North St  City Pittsfield State MA Zip Code 01201-5161  Purpose of Disbursement duplicate contribution-refund requested 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: 8649078 Date of Disbursement 10 / 15 / 2009  Amount of Each Disbursement this Period 200.00  duplicate contribution-refund requested
B.	Full Name (Last, First, Middle Initial) Dr Mary S Jennings  Mailing Address 97 Elk Fork Dr  City Walla Walla State WA Zip Code 99362-7769  Purpose of Disbursement duplicate contribution-refund requested 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: 8649079 Date of Disbursement 10 / 15 / 2009  Amount of Each Disbursement this Period 500.00  duplicate contribution-refund requested
C.	Full Name (Last, First, Middle Initial) Dr Martha E Proctor  Mailing Address 2737 N Pine Grove Ave  City Chicago State IL Zip Code 60614-6109  Purpose of Disbursement refund requested-duplicate payment 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: 8668308 Date of Disbursement 10 / 23 / 2009  Amount of Each Disbursement this Period 200.00  refund requested-duplicate payment

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

900.00

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

900.00