

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dental Association Independent Expenditures Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="33080.55"/>	<input type="text" value="33080.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33080.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="100000.00"/>	<input type="text" value="100000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="133080.55"/>	<input type="text" value="133080.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="115133.90"/>	<input type="text" value="115133.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17946.65"/>	<input type="text" value="17946.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Dental Association Independent Expenditures Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	100000.00	100000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	100000.00	100000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	100000.00	100000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	119.00	119.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	119.00	119.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	115014.90	115014.90
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	115133.90	115133.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	115133.90	115133.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	119.00	119.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	119.00	119.00

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

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

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 Independent Expenditures Committee

Full Name (Last, First, Middle Initial) A. ADPAC Education Fund		Date of Receipt
Mailing Address 1111 14th Street, NW Suite 1100		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 12194264
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50000.00"/>
		Transfer from ADPAC's Political Education Fund

Full Name (Last, First, Middle Initial) B. ADPAC Education Fund		Date of Receipt
Mailing Address 1111 14th Street, NW Suite 1100		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 12292790
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50000.00"/>
		transfer from ADPAC Education Fund

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="100000.00"/>

**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 Independent Expenditures Committee

Full Name (Last, First, Middle Initial)

A. Gem State Prosperity Fund Inc

Mailing Address 816 West Bannock
Suite 5B

City Boise State ID Zip Code 83702-5872

Purpose of Disbursement
inkind contribution for survey results inkind contribution for survey expenditure
reported 1/14-15/2
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 12382477

Amount of Each Disbursement this Period

[MEMO ITEM]

inkind contribution for survey results inkind contribution for survey expenditure reported 1/14-15/2

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee
FEC IDENTIFICATION NUMBER C C00488338
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Strategic Impact
MEMO ITEM Direct Mail ID-02
Mailing Address 1890 Star Shoot Parkway #17-250
City Lexington State KY Zip Code 40509
Purpose of Expenditure Direct Mail ID-02 Category/Type 003

Date of Public Distribution/Dissemination 01 / 02 / 2014
Amount 22386.00
Transaction ID : 12413956
Date of Disbursement or Obligation 01 / 02 / 2014

Name of Federal Candidate Rep. Mike K. Simpson
Support Oppose
Office Sought: House Senate
District: 02 State: ID

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee Public Opinion Strategies
Mailing Address 214 N. Fayette Street
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Phone Polls ID-02 Category/Type 005

Date of Public Distribution/Dissemination 01 / 13 / 2014
Amount 10000.00
Transaction ID : 12194266
Date of Disbursement or Obligation 01 / 13 / 2014

Name of Federal Candidate Rep. Mike K. Simpson
Support Oppose
Office Sought: House Senate
District: 02 State: ID

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Dr. Douglas Hadnot [Electronically Filed] Date 04 / 22 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee	FEC IDENTIFICATION NUMBER ▼ C C00488338
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Public Opinion Strategies	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2014
Mailing Address 214 N. Fayette Street	Amount 10000.00
City Alexandria State VA Zip Code 22314	Transaction ID : 12194268 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 14 / 2014
Purpose of Expenditure Phone Polls ID-02 Category/Type 005	Name of Federal Candidate Rep. Mike K. Simpson <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought 42386.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Public Opinion Strategies	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2014
Mailing Address 214 N. Fayette Street	Amount 8125.00
City Alexandria State VA Zip Code 22314	Transaction ID : 12226256 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2014
Purpose of Expenditure Polling Survey TX-36 Category/Type 005	Name of Federal Candidate Brian Babin <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 36 State: TX
Calendar Year-To-Date Per Election for Office Sought 8125.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	18125.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr. Douglas Hadnot [Electronically Filed] Date **04 / 22 / 2014**

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee	FEC IDENTIFICATION NUMBER ▼ C C00488338
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Strategic Impact	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 25 / 2014
Mailing Address 1890 Star Shoot Parkway #17-250	Amount 13881.25
City State Zip Code Lexington KY 40509	Transaction ID : 12287437
Purpose of Expenditure Direct Mail Piece TX-36	Date of Disbursement or Obligation MM / DD / YYYY 02 / 25 / 2014
Name of Federal Candidate Brian Babin	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President State: TX
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
	44721.84

Full Name of Payee Strategic Impact	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 27 / 2014
Mailing Address 1890 Star Shoot Parkway #17-250	Amount 13881.25
City State Zip Code Lexington KY 40509	Transaction ID : 12287952
Purpose of Expenditure Direct Mail Piece TX-36	Date of Disbursement or Obligation MM / DD / YYYY 02 / 27 / 2014
Name of Federal Candidate Brian Babin	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President State: TX
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
	58603.09

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27762.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr. Douglas Hadnot

Signature _____ Date MM / DD / YYYY 04 / 22 / 2014

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee	FEC IDENTIFICATION NUMBER ▼ C C00488338
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Conquest Communications Group	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2014
Mailing Address 2812 Emerywood Parkway Suite 103	Amount 743.26
City: Richmond State: VA Zip Code: 23294-3718	Transaction ID : 12292789 Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 2014
Purpose of Expenditure GOTV calls-TX 36 Category/Type: 005	Name of Federal Candidate Brian Babin <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Brian Babin	Office Sought: <input checked="" type="checkbox"/> House District: <u>36</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought 59346.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Strategic Impact	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 19 / 2014
Mailing Address 1890 Star Shoot Parkway #17-250	Amount 2428.55
City: Lexington State: KY Zip Code: 40509	Transaction ID : 12339702 Date of Disbursement or Obligation MM / DD / YYYY 03 / 19 / 2014
Purpose of Expenditure Voter Data - Simpson (ID-02) Category/Type: 003	Name of Federal Candidate Rep. Mike K. Simpson <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Rep. Mike K. Simpson	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought 44814.55	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3171.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr. Douglas Hadnot

Signature _____ Date **04 / 22 / 2014**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee	FEC IDENTIFICATION NUMBER ▼ C C00488338
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 21 / 2014	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 27060.00	
City Lexington	State KY	Zip Code 40509	Transaction ID : 12339705
Purpose of Expenditure Direct Mail Simpson ID-02	Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014	
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 28 / 2014	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 6180.00	
City Lexington	State KY	Zip Code 40509	Transaction ID : 12356139
Purpose of Expenditure Direct Mail ID-02	Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 03 / 28 / 2014	
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33240.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	115014.90

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr. Douglas Hadnot

Signature _____ Date MM / DD / YYYY 04 / 22 / 2014

[Electronically Filed]