

**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 PAC Independent Expenditures Committee

ADDRESS (number and street)

1111 14th Street, NW

Suite 1100

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00488338

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

11

05

2010

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2010

through

10

13

2010

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. Francis Connor

Signature of Treasurer

Electronically Filed by Dr. Francis Connor

Date

11

05

2010

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Dental Association PAC Independent Expenditures Committee

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 1 0

To:

M M
1 0D D
1 3Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		125000.00
(b) Cash on Hand at Beginning of Reporting Period	108662.72	
(c) Total Receipts (from Line 19)	25000.00	25007.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	133662.72	150007.29
7. Total Disbursements (from Line 31)	116241.90	132586.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17420.82	17420.82
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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

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Write or Type Committee Name

American Dental Association PAC Independent Expenditures Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	3	2	0	1	0

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	25000.00	25000.00
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	7.29
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))	25000.00	25007.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25000.00	25007.29

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	25.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	25.00	
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 Expenditure (use Schedule E)	116241.90	132561.47	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
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))..	116241.90	132586.47	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116241.90	132586.47	

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)	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)).....	0.00	25.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	25.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 8

(check only one)

☐ 11a	☐ 11b	☐ 11c	☒ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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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 PAC Independent Expenditures Committee

A.

Full Name (Last, First, Middle Initial)

California Dental PAC

Mailing Address PO Box 13749

City

Sacramento

State

CA

Zip Code

95853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

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

Transaction ID: 9615736

Amount of Each Receipt this Period

25000.00

transfer

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

25000.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association PAC Independent Expenditures Committee		FEC IDENTIFICATION NUMBER ▼ C C00488338	
Check if ☐ 24-hour notice ☐ 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Strategic Impact		Date M 10 D 04 Y 2010	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 39133.00	
City State Zip Code Lexington KY 40509		Transaction ID: 9557015	
Purpose of Expenditure direct mail		Office Sought: ☒ House State: <u>AZ</u> ☐ Senate District: <u>01</u> ☐ Presidential	
Category/ Type		Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mr. Paul Gosar		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
50633.00			
Full Name (Last, First, Middle, Initial) of Payee Strategic Impact		Date M 10 D 12 Y 2010	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 39133.00	
City State Zip Code Lexington KY 40509		Transaction ID: 9575835	
Purpose of Expenditure Direct Mailer		Office Sought: ☒ House State: <u>AZ</u> ☐ Senate District: <u>01</u> ☐ Presidential	
Category/ Type		Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mr. Paul Gosar		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
89766.00			
(a) SUBTOTAL of Itemized Independent Expenditures		78266.00	
(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. Francis Connor Signature		Date M 11 D 05 Y 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association PAC Independent Expenditures Committee			FEC IDENTIFICATION NUMBER ▼ C C00488338	
Check if ☐ 24-hour notice ☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee Timbes & Yeager LLC			Date M 10 D 12 Y 2010	
Mailing Address 605 Bel Air Blvd. Suite 11			Amount 37975.90	
City Mobile			Transaction ID: 9575833	
State AL			Office Sought: ☒ House State: <u>AZ</u> ☐ Senate District: <u>01</u> ☐ Presidential	
Zip Code 36606			Check One: ☒ Support ☐ Oppose	
Purpose of Expenditure Radio Ad			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) : _____	
Category/ Type			2010	
Name of Federal Candidate supported or Opposed by expenditure: Mr. Paul Gosar				
Calendar Year-To-Date Per Election for Office Sought			127741.90	

(a) SUBTOTAL of Itemized Independent Expenditures	37975.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	116241.90
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. Francis Connor Signature	Date M 11 D 05 Y 2010