

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2007 through 08 31 2007

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

Type or Print Name of Treasurer Dr Roger Triftshouser

Signature of Treasurer Electronically Filed by Dr Roger Triftshouser Date 09 06 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Dental Political Action Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		406004.72
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	397360.88									
(c) Total Receipts (from Line 19) .....	67011.97	793807.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	464372.85	1199811.95								
7. Total Disbursements (from Line 31) .....	58540.62	793979.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	405832.23	405832.23								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Dental Political Action Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2900.00	32565.00
(i) Itemized (use Schedule A) .....	17718.00	426843.74
(ii) Unitemized .....	20618.00	459408.74
(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) .....	20618.00	459408.74
12. Transfers From Affiliated/Other Party Committees .....	46240.00	331942.00
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	153.97	1456.49
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)) .....	67011.97	793807.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	67011.97	793807.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	140.62	1462.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	140.62	1462.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58300.00	791250.00
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 .....	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.....	100.00	1267.49
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	58540.62	793979.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	58540.62	793979.72

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	20618.00	459408.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20618.00	459408.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	140.62	1462.23
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	140.62	1462.23

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 25
	<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 Political Action Committee

A. Full Name (Last, First, Middle Initial) North Carolina Dental PAC Mailing Address PO Box 4099 City Cary State NC Zip Code 27519 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7 <b>Transaction ID: 4069882</b> Amount of Each Receipt this Period 44880.00
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 45000.00		

B. Full Name (Last, First, Middle Initial) New York State Dental PAC Mailing Address 121 State Street 4th Floor City Albany State NY Zip Code 12207 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7 <b>Transaction ID: 4129028</b> Amount of Each Receipt this Period 760.00
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 131960.00		

C. Full Name (Last, First, Middle Initial) Indiana Dental PAC Mailing Address PO Box 2467 City Indianapolis State IN Zip Code 46206 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7 <b>Transaction ID: 4129035</b> Amount of Each Receipt this Period 40.00
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 11405.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45680.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Tennessee Dental PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address PO Box 120188 2104 Sunset Place		<b>Transaction ID: 4129036</b>
City Nashville      State TN      Zip Code 37212	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 24916.00	

Full Name (Last, First, Middle Initial) <b>B. Nevada Dental PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 8863 W Flamingo Rd., Ste 102		<b>Transaction ID: 4129038</b>
City Las Vegas      State NV      Zip Code 89147	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00	

Full Name (Last, First, Middle Initial) <b>C. New Jersey Dental PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address One Dental Plaza PO Box 6020		<b>Transaction ID: 4129039</b>
City North Brunswick      State NJ      Zip Code 08902	Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 13210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	440.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 25	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address One Dental Plaza  
PO Box 6020

City State Zip Code  
North Brunswick NJ 08902

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13330.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 4132534

Amount of Each Receipt this Period  
120.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	46240.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr Scott D Goodman		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 1340 Matthews Township Pkwy Suite 201		<b>Transaction ID:</b> 4069890
City State Zip Code Matthews NC 28105-5580	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Dexter Edward Barnes		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 2520 Westmont Way W		<b>Transaction ID:</b> 4129014
City State Zip Code Seattle WA 98199-3720	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Charles H Norman, III		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 2012 Pembroke Rd		<b>Transaction ID:</b> 4129015
City State Zip Code Greensboro NC 27408-6330	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sharon Norman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 2012 Pembroke Road		<b>Transaction ID:</b> 4129016
City State Zip Code Greensboro NC 27408-6330	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Jeffrey W Johnston		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 3501 Maxwell Ct		<b>Transaction ID:</b> 4129018
City State Zip Code Bloomfield MI 48301-2032	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Bootsey Torchia		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 6565 South Yale Avenue Suite 510		<b>Transaction ID:</b> 4129020
City State Zip Code Tulsa OK 74136-8328	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer James Torchia, DDS, Inc. Occupation office manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr James S Torchia

Mailing Address 8736 S Florence Ave

City State Zip Code  
Tulsa OK 74137-2543

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  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** 4129021

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Kimberly S Swanson

Mailing Address 13309 Shady Knoll Ct

City State Zip Code  
Richmond VA 23233-7530

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  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** 4129032

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	2900.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 25
	(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"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Citibank 1

Mailing Address 1500 Vermont Ave Nw

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1456.49

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 4139645

Amount of Each Receipt this Period  
153.97

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	153.97
<b>TOTAL</b> This Period (last page this line number only) .....	▶	153.97

# 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 13 / 25

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

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

Full Name (Last, First, Middle Initial)

**A.** Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: 4139647

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

140.62

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

140.62

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

140.62

# 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 14 / 25

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

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

Full Name (Last, First, Middle Initial) <b>A. Peterson For Congress</b>		Transaction ID: 4069251 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address 26192 Floyd Lake Point Road		Amount of Each Disbursement this Period 2000.00
City Detroit Lakes State MN Zip Code 56501	Purpose of Disbursement check sent to Dr. John Nei Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Dr. John Nei

Full Name (Last, First, Middle Initial) <b>B. Mark Pryor For US Senate</b>		Transaction ID: 4069252 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 1000.00
City Little Rock State AR Zip Code 72203	Purpose of Disbursement check sent to Ms. Edie Mauldin, Arkansas Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Ms. Edie Mauldin, Arkansas State Dental Assoc

Full Name (Last, First, Middle Initial) <b>C. Gingrey For Congress</b>		Transaction ID: 4069250 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address PO Box U		Amount of Each Disbursement this Period 1000.00
City Marietta State GA Zip Code 30060	Purpose of Disbursement check sent to Dr. Robin Reich Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Dr. Robin Reich

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Campbell For Congress</b>		<b>Transaction ID:</b> 4069254 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address 8105 Irvine Center Dr Suite 1170		Amount of Each Disbursement this Period 2300.00
City Irvine State CA Zip Code 92618	011 Category/ Type	
Purpose of Disbursement check sent to Dr. Denise Habjan		
Candidate Name Rep. John Campbell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Dr. Denise Habjan

Full Name (Last, First, Middle Initial) <b>B. Cantor For Congress</b>		<b>Transaction ID:</b> 4069872 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	011 Category/ Type	
Purpose of Disbursement check sent to Jeanne Tuerk, AAOMS		
Candidate Name Rep. Eric I. Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US General	check sent to Jeanne Tuerk, AAOMS

Full Name (Last, First, Middle Initial) <b>C. Dave Camp For Congress</b>		<b>Transaction ID:</b> 4069870 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address PO Box 423		Amount of Each Disbursement this Period 1000.00
City Midland State MI Zip Code 48640	011 Category/ Type	
Purpose of Disbursement Mike Graham attended event/check sent to		
Candidate Name David Camp		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Mike Graham attended event/check sent to campaign

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Chambliss For Senate</b>		<b>Transaction ID:</b> 4069871 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address Post Office Box 12469		Amount of Each Disbursement this Period 1500.00
City Atlanta State GA Zip Code 30355	011 Category/ Type	
Purpose of Disbursement check sent to Dr. Gordon Austin		
Candidate Name Saxby Chambliss		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Dr. Gordon Austin

Full Name (Last, First, Middle Initial) <b>B. A Whole Lot Of People For Grijalva Congressional C</b>		<b>Transaction ID:</b> 4070143 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 1000.00
City Tucson State AZ Zip Code 85702	011 Category/ Type	
Purpose of Disbursement Check Sent to Rick Murray		
Candidate Name Rep. Raul M. Grijalva		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Check Sent to Rick Murray

Full Name (Last, First, Middle Initial) <b>C. Lee Terry For Congress</b>		<b>Transaction ID:</b> 4070199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 540098		Amount of Each Disbursement this Period 1500.00
City Omaha State NE Zip Code 68154	011 Category/ Type	
Purpose of Disbursement Sent to Dr. Matz		
Candidate Name Rep. Lee Terry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sent to Dr. Matz

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ryan For Congress</b>		<b>Transaction ID:</b> 4070201 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address P. O. Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547	Sent to Dr. Francesca De Rose	
Purpose of Disbursement Sent to Dr. Francesca De Rose Candidate Name Rep. Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

Full Name (Last, First, Middle Initial) <b>B. Brady For Congress</b>		<b>Transaction ID:</b> 4070274 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 8277		Amount of Each Disbursement this Period 2500.00
City The Woodlands State TX Zip Code 77387	Sent to Dr. Kip Saunders	
Purpose of Disbursement Sent to Dr. Kip Saunders Candidate Name Rep. Kevin Brady Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 8 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

Full Name (Last, First, Middle Initial) <b>C. Grassley Committee, Inc.</b>		<b>Transaction ID:</b> 4073128 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 7
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 3000.00
City Des Moines State IA Zip Code 50304	Sent to Larry Carl	
Purpose of Disbursement Sent to Larry Carl Candidate Name Charles Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Cummings For Congress Campaign Committee</b>		Transaction ID: 4073127 Date of Disbursement 08 / 16 / 2007	
Mailing Address PO Box 1631		Amount of Each Disbursement this Period 4000.00	
City Baltimore	State MD		011 Category/ Type
Zip Code 21203			
Purpose of Disbursement Sent to Frank McLaughlin			
Candidate Name Rep. Elijah E. Cummings		Sent to Frank McLaughlin	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District: 7			

Full Name (Last, First, Middle Initial) <b>B. Loeb sack for Congress</b>		Transaction ID: 4073123 Date of Disbursement 08 / 16 / 2007	
Mailing Address 385 E. College Street		Amount of Each Disbursement this Period 2000.00	
City Iowa City	State IA		011 Category/ Type
Zip Code 52240			
Purpose of Disbursement Sent to Dr. Tom Gill			
Candidate Name Loeb sack		Sent to Dr. Tom Gill	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 2			

Full Name (Last, First, Middle Initial) <b>C. Loeb sack for Congress</b>		Transaction ID: 4073129 Date of Disbursement 08 / 16 / 2007	
Mailing Address 385 E. College Street		Amount of Each Disbursement this Period -2000.00	
City Iowa City	State IA		011 Category/ Type
Zip Code 52240			
Purpose of Disbursement Void - Loeb sack for Congress			
Candidate Name Loeb sack		Void - Loeb sack for Congress	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 2			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Loeb sack for Congress</b>		<b>Transaction ID:</b> 4073130 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 7
Mailing Address 385 E. College Street		Amount of Each Disbursement this Period 2000.00
City Iowa City State IA Zip Code 52240	Category/ Type 011	
Purpose of Disbursement Sent to Dr. Tom Gill		
Candidate Name Loeb sack		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sent to Dr. Tom Gill

Full Name (Last, First, Middle Initial) <b>B. Bishop For Congress</b>		<b>Transaction ID:</b> 4128447 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address PO Box 909		Amount of Each Disbursement this Period 2000.00
City Columbus State GA Zip Code 31902	Category/ Type 011	
Purpose of Disbursement Sent to Dr. Edward Green		
Candidate Name Sanford Bishop		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sent to Dr. Edward Green

Full Name (Last, First, Middle Initial) <b>C. Hall For Congress</b>		<b>Transaction ID:</b> 4128448 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address PO Box 711 1500 Sunset Hill		Amount of Each Disbursement this Period 2000.00
City Rockwall State TX Zip Code 75087	Category/ Type 011	
Purpose of Disbursement Sent to Jonathan (Dan) McCauley		
Candidate Name Ralph Hall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sent to Jonathan (Dan) McCauley

<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Committee For C.W. Bill Young</b>		<b>Transaction ID: 4128458</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address PO Box 47025		Amount of Each Disbursement this Period 3000.00
City State Zip Code St. Petersburg FL 33743	Purpose of Disbursement Sent to Dr. Betty Hughes Candidate Name C.W. Young Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sent to Dr. Betty Hughes

Full Name (Last, First, Middle Initial) <b>B. Turner For Congress</b>		<b>Transaction ID: 4128451</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 131 N. Ludlow Street Suite 317		Amount of Each Disbursement this Period 2500.00
City State Zip Code Dayton OH 45402	Purpose of Disbursement Sent to Dr. Ted Pope Candidate Name Rep. Michael R. Turner Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sent to Dr. Ted Pope

Full Name (Last, First, Middle Initial) <b>C. Bart's Bridge PAC</b>		<b>Transaction ID: 4128460</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address PO Box 1021		Amount of Each Disbursement this Period 0.00
City State Zip Code Menominee MI 49858	Purpose of Disbursement Sent to Kris Nicholoff Candidate Name Category/Type 011	
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) ▼	Sent to Kris Nicholoff

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bart's Bridge PAC</b>		<b>Transaction ID: 4128461</b> Date of Disbursement 08 / 20 / 2007
Mailing Address PO Box 1021		Amount of Each Disbursement this Period 0.00
City Menominee	State MI Zip Code 49858	
Purpose of Disbursement Void - Bart's Bridge PAC		Void - Bart's Bridge PAC
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bart's Bridge PAC</b>		<b>Transaction ID: 4128462</b> Date of Disbursement 08 / 20 / 2007
Mailing Address PO Box 1021		Amount of Each Disbursement this Period 3000.00
City Menominee	State MI Zip Code 49858	
Purpose of Disbursement Sent to Kris Nicholoff		Sent to Kris Nicholoff
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Richardson For Congress</b>		<b>Transaction ID: 4128464</b> Date of Disbursement 08 / 20 / 2007
Mailing Address 1212 S Victory Blvd		Amount of Each Disbursement this Period 5000.00
City Burbank	State CA Zip Code 91502	
Purpose of Disbursement Sent to Liz Snow		Sent to Liz Snow
Candidate Name Laura Richardson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 37		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A. John Salazar For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 534 City Pueblo State CO Zip Code 81002 Purpose of Disbursement check sent to Gary Cummins, Colorado Den Candidate Name Rep. John T. Salazar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 4128492</b> Date of Disbursement 08 / 21 / 2007 Amount of Each Disbursement this Period 2500.00 011 Category/ Type check sent to Gary Cummins, Colorado Dental Association
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<b>B. Comm. To Re-Elect Nydia Velazquez</b> Full Name (Last, First, Middle Initial) Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878 Purpose of Disbursement check sent to Dr. Steve Gounardes Candidate Name Nydia Velazquez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 4128567</b> Date of Disbursement 08 / 22 / 2007 Amount of Each Disbursement this Period 3000.00 011 Category/ Type check sent to Dr. Steve Gounardes
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<b>C. Tom Feeney For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 1420 Alafaya Trail #103 City Oviedo State FL Zip Code 32765 Purpose of Disbursement check sent to Dr. Geraldine Ferris Candidate Name Rep. Tom Feeney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 4128980</b> Date of Disbursement 08 / 23 / 2007 Amount of Each Disbursement this Period 1500.00 011 Category/ Type check sent to Dr. Geraldine Ferris
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hoosiers Supporting Buyer For Congress</b>		<b>Transaction ID: 4128981</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 200 North Main St. P.O. Box 712		Amount of Each Disbursement this Period 1000.00
City Monticello State IN Zip Code 47960	011 Category/ Type  Mike Graham attended even- t/check sent to campaign	
Purpose of Disbursement Mike Graham attended event/check sent to		
Candidate Name Rep. Steve Buyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 4		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Coleman For Senate 08</b>		<b>Transaction ID: 4128982</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 7300 Hudson Blvd Suite 270a		Amount of Each Disbursement this Period 1000.00
City St Paul State MN Zip Code 55128	011 Category/ Type  check sent to Dr. John Nei	
Purpose of Disbursement check sent to Dr. John Nei		
Candidate Name Sen. Norm Coleman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 1		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Coleman For Senate 08</b>		<b>Transaction ID: 4128983</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 7300 Hudson Blvd Suite 270a		Amount of Each Disbursement this Period 1000.00
City St Paul State MN Zip Code 55128	011 Category/ Type  check sent to Dr. John Nei	
Purpose of Disbursement check sent to Dr. John Nei		
Candidate Name Sen. Norm Coleman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 1		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US General

<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)

PAGE 24 / 25

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

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

Full Name (Last, First, Middle Initial) <b>A. Cong. Joe Barton Committee</b>		Transaction ID: 4130777 Date of Disbursement 08 / 29 / 2007
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 1000.00
City Ennis	State TX	
Zip Code 75120		
Purpose of Disbursement check sent to Dr. Matthew Roberts		
Candidate Name Joe Barton		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 6		check sent to Dr. Matthew Roberts

Full Name (Last, First, Middle Initial) <b>B. Texans For Senator John Cornyn Inc</b>		Transaction ID: 4130776 Date of Disbursement 08 / 29 / 2007
Mailing Address 6850 Austin Centre Blvd Suite 180		Amount of Each Disbursement this Period 1000.00
City Austin	State TX	
Zip Code 78731		
Purpose of Disbursement check sent to Dr. Rick Black		
Candidate Name Sen. John Cornyn		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 2		check sent to Dr. Rick Black

Full Name (Last, First, Middle Initial) <b>C. Gene Green Campaign Committee</b>		Transaction ID: 4130535 Date of Disbursement 08 / 29 / 2007
Mailing Address PO Box 16128		Amount of Each Disbursement this Period 2000.00
City Houston	State TX	
Zip Code 77222		
Purpose of Disbursement check sent to Dr. Elbert Coker		
Candidate Name Gene Green		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 29		check sent to Dr. Elbert Coker

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<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 25 / 25

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

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

Full Name (Last, First, Middle Initial)

**A.** Castle Campaign Fund

Mailing Address PO Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
check sent to Dr. Tom Conaty

Candidate Name  
Rep. Michael N. Castle

Office Sought:  House  
 Senate  
 President

State: DE District: 1

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 4130843

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

2000.00

check sent to Dr. Tom Con-  
aty

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

2000.00

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

58300.00