

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

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 M M / D D / Y Y Y Y Y Y		

Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 13881.25	
City Lexington	State KY	Zip Code 40509	Transaction ID : 12287952
Purpose of Expenditure Direct Mail Piece TX-36		Category/ Type 003	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 27 / 2014
Name of Federal Candidate Brian Babin		☒ Support ☐ Oppose	Office Sought: ☒ House District: 36 ☐ President ☐ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 58603.09		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13881.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	13881.25

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

M M / D D / Y Y Y Y Y Y

Signature