ADPAC 11th Floor 1111 14th Street, N.W. Washington, D.C. 20005 (202) 898-2424

American Dental
Political Action Committee

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE SECRETARY

FEB 17 12 38 PM '93

February 17, 1993

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir/Madam:

Please find enclosed our Committee's (I.D. #C00000729) February 20th FEC Report covering the period of January 1 - 31, 1993.

Thank you for your cooperation and assistance.

Sincerely,

Cynthia J. Pickett
Administrative Secretary

cc: Secretaries of State

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

American Dental Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported

1111 14th Street, N.W., Suite 1100

CITY, STATE and ZIP CODE

Washington, D.C. 20005

2. FEC IDENTIFICATION NUMBER

C00000729

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☒ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/93 through 1/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 79,434.77
(b) Cash on Hand at Beginning of Reporting Period	$ 79,434.77	
(c) Total Receipts (from Line 19)	$ 72,281.37	$ 72,281.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 151,716.14	$ 151,716.14
7. Total Disbursements (from Line 30)	$ (786.58)	$ (786.58)
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 152,502.72	$ 152,502.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Francis X. McLaughlin, Jr., Assistant Treasurer

Signature of Treasurer

Francis X. McLaughlin, Jr.

Date

FEB 17, 1993

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

FEC FORM 3X

(revised 1/1/91)

93-38283410

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: American Dental Political Action Committee

REPORT COVERING PERIOD FROM 1/1/93 TO 1/31/93

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized	71,369.00	71,369.00
iii. Total (add i and ii) ➤	71,369.00	71,369.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	71,369.00	71,369.00
12. Transfers From Affiliated/Other Party Committees	700.00	700.00
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	212.37	212.37
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	72,281.37	72,281.37
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	113.42	113.42
c. Total Operating Expenditures (add a i, a ii, and b) ➤	113.42	113.42
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	(900.00)	(900.00)
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	(786.58)	(786.58)
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	71,369.00	71,369.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	71,369.00	71,369.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	113.42	113.42
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	113.42	113.42

23039341

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 12

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

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code New Hampshire Dental Society PAC P.O. Box 2229 Concord, NH 03302-2229 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Transfer from affiliated committee Occupation: Aggregate Year-to-Date > $ 680.00	1/26/93	$680.00
B. Full Name, Mailing Address and ZIP Code Virginia Dental PAC P.O. Box 6906 Richmond, VA 23230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Transfer from affiliated committee Occupation: Aggregate Year-to-Date > $ 20.00	1/7/93	$20.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) $700.00

23 0 3 8 2 9 3 4 1 2

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 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, Mailing Address and ZIP Code American Security Bank 1501 Pennsylvania Ave., NW Washington, D.C. 20013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Interest Occupation Aggregate Year-to-Date > $212.37	Date (month, day, year) 1/31/93	Amount of Each Receipt this Period $212.37
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) . . . . . > $212.37

7 3 0 3 9 2 3 3 4 1 3

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code American Security Bank 1501 Pennsylvania Ave., NW Washington, D.C. 20013	Service Charges Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/31/93	$113.42
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

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

TOTAL This Period (last page this line number only) $113.42

23-3823341 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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, Mailing Address and ZIP Code Nancy Johnson for Congress 3869 Beech Down Drive Chantilly, VA 22021-3348	Purpose of Disbursement Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 1/4/93	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code Nathan Deal for Congress P.O. Box 2522 Gainesville, GA 30503	Purpose of Disbursement Candidate Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retiremt.	Date (month, day, year) 1/11/93	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Peter Blute for Congress P.O. Box 246 Worcester, MA 01603	Purpose of Disbursement Candidate Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retiremt.	Date (month, day, year) 1/21/93	Amount of Each Disbursement This Period 1,500.00
D. Full Name, Mailing Address and ZIP Code Mike Crapo for Congress 1177 West State Street Boise, ID 83702	Purpose of Disbursement Check returned-voided Duplicate Check Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 1/7/93	Amount of Each Disbursement This Period (2,500.00)
E. Full Name, Mailing Address and ZIP Code Scotty Baesler for Congress 386 East Main Street Lexington, KY 40507	Purpose of Disbursement Check voided- Does not accept PAC funds Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retiremt.	Date (month, day, year) 1/25/93	Amount of Each Disbursement This Period (1,000.00)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	(900.00)

93-3823345

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 2/17/93
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

N.A.O.
PREPARER

2/17/93
DATE PREPARED

FEC FORM 70-2 (12/92)

23039341 6