

24/48 HOUR NOTICE 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 (Last, First, Middle Initial) of Payee Public Opinion Strategies		Date M M / D D / Y Y Y Y Y Y 08 / 16 / 2012	
Mailing Address 214 N. Fayette Street		Amount 8000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 11063168
Purpose of Expenditure Voter Survey AZ-04 Primary		Category/ Type 005	Office Sought: ☒ House ☐ Senate ☐ President State: AZ District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Paul A. Gosar		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 84007.53		Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Strategic Impact		Date M M / D D / Y Y Y Y Y Y 08 / 16 / 2012	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 22381.04	
City Lexington	State KY	Zip Code 40509	Transaction ID : 11063170
Purpose of Expenditure Direct Mail AZ-04 Primary		Category/ Type 003	Office Sought: ☒ House ☐ Senate ☐ President State: AZ District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Paul A. Gosar		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 106388.57		Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		30381.04	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶		30381.04	
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. Richard Huot [Electronically Filed] Signature _____ Date M M / D D / Y Y Y Y Y Y 08 / 17 / 2012			