

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		395213.02
(b) Cash on Hand at Beginning of Reporting Period.....	503500.27	
(c) Total Receipts (from Line 19)	68962.17	852079.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	572462.44	1247293.01
7. Total Disbursements (from Line 31).....	39925.49	714756.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	532536.95	532536.95
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	60268.01	138998.89
(ii) Unitemized	7767.16	601631.69
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	68035.17	740630.58
(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)	68035.17	740630.58
12. Transfers From Affiliated/Other Party Committees.....	903.78	111262.30
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.).....	23.22	187.11
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 Transfers (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))..... ▶	68962.17	852079.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	68962.17	852079.99

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	225.49	2706.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	225.49	2706.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	150000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38500.00	558600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1000.00	2000.00
(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)).....	1000.00	2000.00
29. Other Disbursements	200.00	1450.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	39925.49	714756.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39925.49	714756.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	68035.17	740630.58
34. Total Contribution Refunds (from Line 28(d))	1000.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67035.17	738630.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	225.49	2706.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	225.49	2706.06

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<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	

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 Political Action Committee

A. Dr Carolyn B Walker
Full Name (Last, First, Middle Initial)

Mailing Address 8407 Grapevine Pass

City San Antonio State TX Zip Code 78255-2263

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 ▼ 588.00

Date of Receipt 07 / 01 / 2014

Transaction ID : 12555178

Amount of Each Receipt this Period 84.00

B. Ms. Lisa A Heinrich-Null
Full Name (Last, First, Middle Initial)

Mailing Address 801 Champions Row

City Victoria State TX Zip Code 77904-3317

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 ▼ 291.69

Date of Receipt 07 / 05 / 2014

Transaction ID : 12556030

Amount of Each Receipt this Period 41.67

C. Dr William J Moorhead
Full Name (Last, First, Middle Initial)

Mailing Address 414 Elizaville Ave

City Flemingsburg State KY Zip Code 41041-1142

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 ▼ 375.00

Date of Receipt 07 / 07 / 2014

Transaction ID : 12559669

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<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 Association Political Action Committee

A. Dr Paul H Werner
Full Name (Last, First, Middle Initial)
Mailing Address 22144 Verbena Way
City Boca Raton State FL Zip Code 33433-4813
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 **250.00**

Date of Receipt **07 / 07 / 2014**
Transaction ID : 12560943
Amount of Each Receipt this Period **250.00**

B. Dr Gregory LaMorte
Full Name (Last, First, Middle Initial)
Mailing Address 250 Ridgedale Ave Apt A6
City Florham Park State NJ Zip Code 07932-1320
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 **250.00**

Date of Receipt **07 / 08 / 2014**
Transaction ID : 12564021
Amount of Each Receipt this Period **250.00**

C. Dr David A Struble
Full Name (Last, First, Middle Initial)
Mailing Address 5590 E Timberwood Ct
City Springfield State MO Zip Code 65809-3600
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 **336.00**

Date of Receipt **07 / 16 / 2014**
Transaction ID : 12589848
Amount of Each Receipt this Period **84.00**

SUBTOTAL of Receipts This Page (optional)..... **584.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr Nipa R Thakkar		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 Transaction ID : 12597476
Mailing Address 67 Public Square #1204		Amount of Each Receipt this Period 250.00
City Wilkes Barre	State PA	
Zip Code 18702		Aggregate Year-to-Date ▼ 250.00
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) ▼

Full Name (Last, First, Middle Initial) B. Dr Edgar Maximillian Radjabli		Date of Receipt MM / DD / YYYY 07 / 19 / 2014 Transaction ID : 12606803
Mailing Address 300 Hazelnut Ct Apt L		Amount of Each Receipt this Period 250.00
City Bel Air	State MD	
Zip Code 21015-1927		Aggregate Year-to-Date ▼ 250.00
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) ▼

Full Name (Last, First, Middle Initial) C. Dr Jeffrey J Sevor		Date of Receipt MM / DD / YYYY 07 / 21 / 2014 Transaction ID : 12607242
Mailing Address 4015 Shannon Woods Ct		Amount of Each Receipt this Period 1000.00
City Lake Mary	State FL	
Zip Code 32746-4020		Aggregate Year-to-Date ▼ 1000.00
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) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<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 Association Political Action Committee

A. Dr Marcos Diaz
Full Name (Last, First, Middle Initial)
Mailing Address 235 Landings Blvd
City Weston State FL Zip Code 33327-1106
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 **1000.00**

Date of Receipt **07 / 21 / 2014**
Transaction ID : 12607244
Amount of Each Receipt this Period **1000.00**

B. Dr Glen B Mitchell
Full Name (Last, First, Middle Initial)
Mailing Address 6630 Bristol Lk S
City Delray Beach State FL Zip Code 33446-2376
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 **07 / 21 / 2014**
Transaction ID : 12607246
Amount of Each Receipt this Period **500.00**

C. Dr Julian H Fair III
Full Name (Last, First, Middle Initial)
Mailing Address 1040 Wagener Trail Rd
City Wagener State SC Zip Code 29164-9124
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 **1000.00**

Date of Receipt **07 / 17 / 2014**
Transaction ID : 12614795
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 10 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Ronald P Lemmo
 Full Name (Last, First, Middle Initial)
 Mailing Address 7440 Hillside Ln
 City Solon State OH Zip Code 44139-5662
 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 **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614796
 Amount of Each Receipt this Period
1000.00

B. Dr Maxine Feinberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 Sedgewick Ave
 City Westfield State NJ Zip Code 07090-3724
 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 **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614797
 Amount of Each Receipt this Period
1000.00

C. Dr Terry L Buckenheimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2712 W Price Ave
 City Tampa State FL Zip Code 33611-3834
 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 **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614798
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 11 OF 43
(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 Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Bernie P Dishler

Mailing Address 137 Mahogany Way

City State Zip Code
Upper Gwynedd PA 19446-5689

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

Name of Employer Occupation
self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : 12614799

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Dr Gary S Yonemoto

Mailing Address 4210 Sierra Dr

City State Zip Code
Honolulu HI 96816-3357

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

Name of Employer Occupation
self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : 12614800

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Dr Brian Edward Scott

Mailing Address 2648 St Helena Ct

City State Zip Code
Livermore CA 94550-7332

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

Name of Employer Occupation
self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : 12614801

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Cynthia E Sherwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 3936 S 10th St
 City Independence State KS Zip Code 67301-8959
 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 ▼ 1000.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614802
 Amount of Each Receipt this Period 1000.00

B. Dr Thomas C Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 726 Cascet Ct
 City Katy State TX Zip Code 77450-2003
 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 ▼ 1000.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614803
 Amount of Each Receipt this Period 1000.00

C. Mrs. Mary-Sue Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 20065 Katy Freeway
 City Katy State TX Zip Code 77450-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation audiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614804
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Daniel Steven Bruce
 Full Name (Last, First, Middle Initial)
 Mailing Address 12682 N Town Ridge Rd
 City State Zip Code
 Boise ID 83714-9416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614807
 Amount of Each Receipt this Period
 500.00

B. Dr Matt A Niewald
 Full Name (Last, First, Middle Initial)
 Mailing Address 1209 SW Summit Crossing Dr
 City State Zip Code
 Lees Summit MO 64081-3264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614810
 Amount of Each Receipt this Period
 500.00

C. Dr Carol Gomez Summerhays
 Full Name (Last, First, Middle Initial)
 Mailing Address 13234 Polvera Ave
 City State Zip Code
 San Diego CA 92128-1148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614812
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 43
<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 Association Political Action Committee

A. Dr Richard F Andolina
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16
74 Main St

City State Zip Code
Arkport NY 14807-0016

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

Name of Employer Occupation
self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 17 / 2014
Transaction ID : 12614813

Amount of Each Receipt this Period
1000.00

B. Dr Mark R Zust
Full Name (Last, First, Middle Initial)

Mailing Address 14005 Eagle Manor Ct

City State Zip Code
Chesterfield MO 63017-2686

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

Name of Employer Occupation
self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 17 / 2014
Transaction ID : 12614814

Amount of Each Receipt this Period
1000.00

C. Mrs. Phyllis Zust
Full Name (Last, First, Middle Initial)

Mailing Address 1405 Eagle Manor Court

City State Zip Code
Chesterfield MO 63017

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

Name of Employer Occupation
Dr. Mark R. Zust business assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 17 / 2014
Transaction ID : 12614830

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Justin R Norbo
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Stonewall Ave
 City Middleburg State VA Zip Code 20117-2609
 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 ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614831
 Amount of Each Receipt this Period
 500.00

B. Dr John V Reitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 81 Flint Ridge Dr
 City Reading State PA Zip Code 19607-3005
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614832
 Amount of Each Receipt this Period
 1000.00

C. Mrs. Carol Reitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Hessian Blvd
 City Reading State PA Zip Code 19607-9714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614833
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<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	<input type="checkbox"/> 17

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

A. Dr Michael G Durbin
Full Name (Last, First, Middle Initial)
Mailing Address 408 Cherry Creek Ln
City Prospect Heights State IL Zip Code 60070-1095
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 1000.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614834
Amount of Each Receipt this Period 1000.00

B. Dr Brett A Roufs
Full Name (Last, First, Middle Initial)
Mailing Address 3231 Royer West Dr
City Newton State KS Zip Code 67114-9639
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 1000.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614835
Amount of Each Receipt this Period 1000.00

C. Dr Robert E Butler
Full Name (Last, First, Middle Initial)
Mailing Address 10014 Canterbury Farms Ct
City Saint Louis State MO Zip Code 63128-3278
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 1500.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614836
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 3000.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<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	<input type="checkbox"/> 17

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

A. Dr Charles C McGinty
 Full Name (Last, First, Middle Initial)
 Mailing Address 5059 Mc Clelland Blvd
 City Joplin State MO Zip Code 64804-4884
 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 **1000.00**

Date of Receipt **07 / 17 / 2014**
Transaction ID : 12614837
 Amount of Each Receipt this Period **1000.00**

B. Dr Kathleen T O'Loughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1906 Danube Way
 City Bolingbrook State IL Zip Code 60490-6500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Dental Association Occupation executive director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 17 / 2014**
Transaction ID : 12614838
 Amount of Each Receipt this Period **1000.00**

C. Dr Steven Gounardes
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 70th St
 City Brooklyn State NY Zip Code 11209-1129
 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 **1000.00**

Date of Receipt **07 / 17 / 2014**
Transaction ID : 12614839
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43
	<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	<input type="checkbox"/> 17

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

A. Dr Merle A Nunemaker
Full Name (Last, First, Middle Initial)
Mailing Address 2504 SW Winteroak Cir
City Lees Summit State MO Zip Code 64081-2578
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 1000.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614842
Amount of Each Receipt this Period 1000.00

B. Dr Kevin Corry
Full Name (Last, First, Middle Initial)
Mailing Address 66 Midland Ave
City Wyckoff State NJ Zip Code 07481-3344
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 2000.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614860
Amount of Each Receipt this Period 1000.00

C. Dr William A Mac Donnell
Full Name (Last, First, Middle Initial)
Mailing Address 158 Hunter Drive
City West Hartford State CT Zip Code 06107-1017
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 1000.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614861
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... 3000.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 43
	<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	<input type="checkbox"/> 17

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

A. Dr Jeffrey M Cole
Full Name (Last, First, Middle Initial)

Mailing Address 108 Dexter Rd

City State Zip Code
Wilmington DE 19803-2963

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

Name of Employer Occupation
self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : 12614862

Amount of Each Receipt this Period
1000.00

B. Dr Douglas S Hadnot
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 278

City State Zip Code
Lolo MT 59847-0278

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

Name of Employer Occupation
self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : 12614863

Amount of Each Receipt this Period
1000.00

C. Mrs. Susan Hadnot
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 278

City State Zip Code
Lolo MT 59847-0278

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

Name of Employer Occupation
self-employed homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : 12614864

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
<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 Association Political Action Committee

A. Dr Gary E Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 42890 Steepleview St

City Northville State MI Zip Code 48168-2077

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 ▼ 1000.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614865

Amount of Each Receipt this Period 1000.00

B. Mrs. Nancy Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 42890 Steepleview Street

City Northville State MI Zip Code 48168-2077

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

Name of Employer United States Government Occupation federal worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614866

Amount of Each Receipt this Period 500.00

C. Dr James K Zenk
Full Name (Last, First, Middle Initial)

Mailing Address 1003 Brittney Blvd

City Montevideo State MN Zip Code 56265-8742

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 ▼ 1000.00

Date of Receipt 07 / 17 / 2014
Transaction ID : 12614867

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Eric Thomas Childs
 Full Name (Last, First, Middle Initial)
 Mailing Address 183 Kensington Cir
 City State Zip Code
 Battle Creek MI 49015-9630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614868
 Amount of Each Receipt this Period
 500.00

B. Dr Jill Colleen Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 7605 W 143rd Ter
 City State Zip Code
 Overland Park KS 66223-2332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614869
 Amount of Each Receipt this Period
 1000.00

C. Dr Gary L Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 10987 Angelles Cv
 City State Zip Code
 Shreveport LA 71106-8510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : 12614878
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 43
	<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	<input type="checkbox"/> 17

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

A. Dr Michael A LeBlanc
Full Name (Last, First, Middle Initial)

Mailing Address 2625 W 145th St

City Overland Park State KS Zip Code 66224-3725

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : 12614879

Amount of Each Receipt this Period
 1000.00

B. Dr Hilton Israelson
Full Name (Last, First, Middle Initial)

Mailing Address 5923 Oakcrest Rd

City Dallas State TX Zip Code 75248-3850

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014

Transaction ID : 12614884

Amount of Each Receipt this Period
 1000.00

C. Dr Heather A Maupin
Full Name (Last, First, Middle Initial)

Mailing Address 4877 Myrtle Ln

City Greenwood State IN Zip Code 46142-9200

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : 12623230

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Christopher M Hasty
 Full Name (Last, First, Middle Initial)
 Mailing Address 1153 Bowen Rd
 City Enigma State GA Zip Code 31749-6828
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : 12623373
 Amount of Each Receipt this Period
 500.00

B. Dr Matthew F Krische
 Full Name (Last, First, Middle Initial)
 Mailing Address 2303 Manchester Rd
 City Lawrence State KS Zip Code 66049-1644
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : 12623374
 Amount of Each Receipt this Period
 500.00

C. Dr Marsha A Pyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 NE 107th Ter
 City Kansas City State MO Zip Code 64155-8515
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : 12623377
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Rolfe C McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1919 Polk St
 City Chillicothe State MO Zip Code 64601-1843
 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 **1000.00**

Date of Receipt **07 / 18 / 2014**
Transaction ID : 12623379
 Amount of Each Receipt this Period **1000.00**

B. Dr Jody B Vance
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 N Farm Road 235
 City Strafford State MO Zip Code 65757-8678
 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 **1000.00**

Date of Receipt **07 / 18 / 2014**
Transaction ID : 12623382
 Amount of Each Receipt this Period **1000.00**

C. Dr Andrew J Kwasny
 Full Name (Last, First, Middle Initial)
 Mailing Address 6470 Field Valley Ln
 City Fairview State PA Zip Code 16415-1725
 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 **1000.00**

Date of Receipt **07 / 18 / 2014**
Transaction ID : 12623383
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Association Political Action Committee

A. Dr Prabu Raman
Full Name (Last, First, Middle Initial)
Mailing Address 612 Newton Ct
City Liberty State MO Zip Code 64068-1168
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 **1000.00**

Date of Receipt **07 / 18 / 2014**
Transaction ID : 12623384
Amount of Each Receipt this Period **1000.00**

B. Dr Nathan J Bauer
Full Name (Last, First, Middle Initial)
Mailing Address 3951 Huckle Dr
City Springfield State MO Zip Code 65809-8903
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 **07 / 18 / 2014**
Transaction ID : 12623385
Amount of Each Receipt this Period **500.00**

C. Dr Emily Roxanne Ishkanian
Full Name (Last, First, Middle Initial)
Mailing Address 11076 Evvie Ln
City Las Vegas State NV Zip Code 89135-7837
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 **07 / 18 / 2014**
Transaction ID : 12623386
Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 43
	<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 Association Political Action Committee

A. Mrs. Nancy Hutchison
Full Name (Last, First, Middle Initial)

Mailing Address 5217 Glen Meadow Road

City State Zip Code
Centreville VA 20120-1355

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

Name of Employer Occupation
self-employed homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : 12623387

Amount of Each Receipt this Period
500.00

B. Dr Burton W Job
Full Name (Last, First, Middle Initial)

Mailing Address 705 Crystal Lake Rd

City State Zip Code
Akron OH 44333-1760

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

Name of Employer Occupation
Self-employed Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : 12623388

Amount of Each Receipt this Period
1000.00

C. Dr Ryan Lincoln Ritchie
Full Name (Last, First, Middle Initial)

Mailing Address 20110 Nature Ave

City State Zip Code
Hutchinson MN 55350-5743

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

Name of Employer Occupation
self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : 12623389

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 43
	<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 Association Political Action Committee

A. Dr Larry Nicholas Trubilla
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 Parkland Dr
 City Allentown State PA Zip Code 18104-1911
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : 12623390
 Amount of Each Receipt this Period
 250.00

B. Dr Larry W Osborne
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Stevens Creek Blvd
 City Forsyth State IL Zip Code 62535-9741
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : 12623393
 Amount of Each Receipt this Period
 1000.00

C. Dr Jeane L Schoemaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 15555 County Road 18.5
 City Fort Morgan State CO Zip Code 80701-8407
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : 12623394
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 43
	<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 Association Political Action Committee

A. Dr John L Carter
Full Name (Last, First, Middle Initial)
Mailing Address 6116 Pinewood Drive

City Midland	State MI	Zip Code 48640-1971
-----------------	-------------	------------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2014

Transaction ID : 12623395

Amount of Each Receipt this Period
1000.00

B. Mrs. Silvia Carter
Full Name (Last, First, Middle Initial)
Mailing Address 6116 Pinewood Drive

City Midland	State MI	Zip Code 48640-1971
-----------------	-------------	------------------------

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

Name of Employer Dr. John Carter	Occupation office manager
-------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2014

Transaction ID : 12623396

Amount of Each Receipt this Period
500.00

C. Dr Eric D Hodges
Full Name (Last, First, Middle Initial)
Mailing Address 848 Fairacres Rd

City Omaha	State NE	Zip Code 68132-1837
---------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2014

Transaction ID : 12623397

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 43
	<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 Association Political Action Committee

A. Mrs. Lisa R. Hodges
Full Name (Last, First, Middle Initial)

Mailing Address 2410 South 73rd Street

City Omaha State NE Zip Code 68124-2395

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

Name of Employer First National Bank of Omaha Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : 12623398

Amount of Each Receipt this Period
 500.00

B. Dr Janice Gale Scott
Full Name (Last, First, Middle Initial)

Mailing Address 2648 St Helena Ct

City Livermore State CA Zip Code 94550-7332

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : 12623399

Amount of Each Receipt this Period
 1000.00

C. Dr M Elwood Rice
Full Name (Last, First, Middle Initial)

Mailing Address 11340 Audrain Rd #9907

City Mexico State MO Zip Code 65265

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : 12623400

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 43
	<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 Association Political Action Committee

A. Dr Matthew J Neary
Full Name (Last, First, Middle Initial)

Mailing Address 99 Summit Rd

City Riverside State CT Zip Code 06878-2106

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : 12623401

Amount of Each Receipt this Period
 1000.00

B. Dr Myron Joel Bromberg
Full Name (Last, First, Middle Initial)

Mailing Address 7012 Reseda Blvd.

City Reseda State CA Zip Code 91335-4219

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : 12623402

Amount of Each Receipt this Period
 1000.00

C. Dr Charles J Incalcaterra
Full Name (Last, First, Middle Initial)

Mailing Address 1250 Wynnewood Dr

City Bethlehem State PA Zip Code 18017-3553

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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 12623490

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 43
(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 Association Political Action Committee

A. Dr William M Hall Jr
Full Name (Last, First, Middle Initial)
Mailing Address 313 Wild Oak Dr
City Shreveport State LA Zip Code 71106-8227
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 **583.38**

Date of Receipt **07 / 28 / 2014**
Transaction ID : 12623491
Amount of Each Receipt this Period **83.34**

B. Dr W. Brian Powley
Full Name (Last, First, Middle Initial)
Mailing Address 11640 N Tatum Blvd Unit 1081
City Phoenix State AZ Zip Code 85028-1683
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 **700.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : 12623492
Amount of Each Receipt this Period **100.00**

C. Dr Renee P Pappas
Full Name (Last, First, Middle Initial)
Mailing Address 408 Cherry Creek Ln
City Prospect Heights State IL Zip Code 60070-1095
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 **07 / 17 / 2014**
Transaction ID : 12623559
Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **683.34**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 43
	<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 Association Political Action Committee

A. Dr Lynse J Briney
 Full Name (Last, First, Middle Initial)
 Mailing Address 4827 Washington Street
 City Downers Grove State IL Zip Code 60515-3753
 Name of Employer self-employed Occupation dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2014
Transaction ID : 12624105
 Amount of Each Receipt this Period 250.00

B. Dr Kenneth McDougall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 9th Ave SE
 City Jamestown State ND Zip Code 58401-6451
 Name of Employer self-employed Occupation dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 30 / 2014
Transaction ID : 12624219
 Amount of Each Receipt this Period 1000.00

C. Mrs. Rosemary McDougall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 9th Avenue, SE
 City Jamestown State ND Zip Code 58401-6451
 Name of Employer Kenneth McDougall, DDS Occupation business manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 30 / 2014
Transaction ID : 12624220
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 43
<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 Association Political Action Committee

A. Dr Joseph P Crowley
Full Name (Last, First, Middle Initial)

Mailing Address 3796 Lincoln Rd

City Cincinnati	State OH	Zip Code 45247-6933
--------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2014

Transaction ID : 12625845

Amount of Each Receipt this Period
1000.00

B. Mrs. Pauletta Crowley
Full Name (Last, First, Middle Initial)

Mailing Address 3796 Lincoln Road

City Cincinnati	State OH	Zip Code 45247-6933
--------------------	-------------	------------------------

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

Name of Employer Northwest Local School District	Occupation administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2014

Transaction ID : 12625847

Amount of Each Receipt this Period
500.00

C. Dr Robert E Butler
Full Name (Last, First, Middle Initial)

Mailing Address 10014 Canterbury Farms Ct

City Saint Louis	State MO	Zip Code 63128-3278
---------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

Transaction ID : 12637113

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$500.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	60268.01

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 43
<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 Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Indiana Dental PAC		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 Transaction ID : 12599020
Mailing Address PO Box 2467		Amount of Each Receipt this Period 50.00
City Indianapolis	State IN	Zip Code 46206
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10874.00	

Full Name (Last, First, Middle Initial) B. Indiana Dental PAC		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 Transaction ID : 12599021
Mailing Address PO Box 2467		Amount of Each Receipt this Period 50.00
City Indianapolis	State IN	Zip Code 46206
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) C. California Dental PAC		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 12632106
Mailing Address PO Box 13749		Amount of Each Receipt this Period 803.78
City Sacramento	State CA	Zip Code 95853
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 16470.30	

SUBTOTAL of Receipts This Page (optional).....▶	903.78
TOTAL This Period (last page this line number only).....▶	903.78

**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)

<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 Association 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
service charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 12633129

Amount of Each Disbursement this Period

service charges

Full Name (Last, First, Middle Initial)

B. Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement
service charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 12633149

Amount of Each Disbursement this Period

service charges

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

TOTAL 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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee for a Livable Future

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution to Federal PAC

011

Candidate Name

Committee for a Livable Future

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : 12586466

Amount of Each Disbursement this Period

5000.00

Contribution to Federal PAC

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : 12586467

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Jeff Miller For Congress

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Jeff B. Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : 12586468

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

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

8500.00

TOTAL 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)

<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

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 Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Rice For Congress

Mailing Address 1107 48th Ave., N.
Suite 310-A

City Myrtle Beach State SC Zip Code 29577

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Tom Rice

Office Sought: House
 Senate
 President
State: SC District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : 12586469

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Cain For Congress

Mailing Address P.O. Box 1523

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Emily Cain

Office Sought: House
 Senate
 President
State: ME District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : 12586470

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Yoder For Congress, Inc

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Kevin Yoder

Office Sought: House
 Senate
 President
State: KS District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : 12586471

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

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

7500.00

TOTAL 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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Collins For Congress

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Douglas Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	4

Transaction ID : 12586472

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Peter Deutsch For Senate

Mailing Address P.O. Box 817689

City Hollywood State FL Zip Code 33081

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Mr. Peter Deutsch

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	4

Transaction ID : 12586474

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Walters For Congress

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Mimi Walters

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	4

Transaction ID : 12586475

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Contribution to Federal Candidate

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

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

4	5	0	0	0	0
---	---	---	---	---	---

4	5	0	0	0	0
---	---	---	---	---	---

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Aguilar For Congress

Mailing Address PO Box 10954

City San Bernadino State CA Zip Code 92423

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Pete Aguilar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	4

Transaction ID : 12586476

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Huffman For Congress 2014

Mailing Address PO Box 151563

City San Rafael State CA Zip Code 94915

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Jared Huffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	4

Transaction ID : 12586477

Amount of Each Disbursement this Period

3	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Ted Lieu For Congress

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Ted Lieu

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	4

Transaction ID : 12586478

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal Candidate

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

8	0	0	0	.	0	0
---	---	---	---	---	---	---

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

8	0	0	0	.	0	0
---	---	---	---	---	---	---

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Deutsch For Senate

Mailing Address P.O. Box 817689

City Hollywood State FL Zip Code 33081

Purpose of Disbursement
Void - Peter Deutsch For Senate-incorrect payee

011

Candidate Name

Mr. Peter Deutsch

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : 12586602

Amount of Each Disbursement this Period

-1000.00

Void - Peter Deutsch For Senate-incorrect payee

Full Name (Last, First, Middle Initial)

B. Ted Deutch For Congress Committee

Mailing Address 1050 17th St, Nw, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Ted Deutch

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 21

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : 12586604

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Pat Roberts For Us Senate Inc

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Sen. Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 12589555

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

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

2500.00

TOTAL 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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leibham For Congress

Mailing Address PO Box 941

City Sheboygan State WI Zip Code 53082

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Joe Leibham

Office Sought: House
 Senate
 President
State: WI District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 12589624

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Mcfadden For Senate

Mailing Address PO Box 4039

City Saint Paul State MN Zip Code 55104

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Michael McFadden

Office Sought: House
 Senate
 President
State: MN District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 12589824

Amount of Each Disbursement this Period

3000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Mark Pocan

Office Sought: House
 Senate
 President
State: WI District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2014

Transaction ID : 12623675

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

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

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

6000.00

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Paul David Tonko

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
07 / 29 / 2014

Transaction ID : 12623676

Amount of Each Disbursement this Period
2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Collins For Congress

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Void - Collins For Congress-void in system-check lost

Candidate Name
Douglas Collins

Office Sought: House
 Senate
 President
State: GA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
07 / 01 / 2014

Transaction ID : 12633141

Amount of Each Disbursement this Period
-1000.00

Void - Collins For Congress-void in system-check lost

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1500.00
38500.00

