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

PAGE 1 OF 1
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

Full Name of Payee
Third Wave Communications, LLC

Mailing Address 448 W Nationwide Blvd
Suite 106

City: Columbus | State: OH | Zip Code: 43215

Purpose of Expenditure
Mike Simpson (ID-02) TV Ad

Category/ Type: 004

Date of Public Distribution/Dissemination: 04 / 21 / 2014

Amount: 81240.00

Transaction ID : 12413929

Date of Disbursement or Obligation: M M / D D / Y Y Y Y

Name of Federal Candidate
Rep. Mike K. Simpson

☒ Support ☐ Oppose

Office Sought: ☒ House ☐ President ☐ Senate District: 02 State: ID

Calendar Year-To-Date Per Election for Office Sought: 152403.55

Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶

Full Name of Payee

Mailing Address

City | State | Zip Code

Purpose of Expenditure

Category/ Type

Date of Public Distribution/Dissemination: M M / D D / Y Y Y Y

Amount

Date of Disbursement or Obligation: M M / D D / Y Y Y Y

Name of Federal Candidate

☐ Support ☐ Oppose

Office Sought: ☐ House ☐ President ☐ Senate District: State:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 81240.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 81240.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr. Douglas Hadnot ***[Electronically Filed]***
Signature

Date 04 / 22 / 2014