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

American Dental
Political Action Committee

April 19, 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) April 20th FEC Report covering the period of March 1 - 31, 1993.

Thank you for your cooperation and assistance.

Sincerely,

Cynthia J. Pickett
Administrative Secretary

cc: Secretaries of State

93U38351539

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

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

APR 19 2 10 [illegible]

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

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SUMMARY

5. Covering Period 3/1/93 through 3/31/93

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1993		$ 79,434.77
(b) Cash on Hand at Beginning of Reporting Period	$ 197,636.94	
(c) Total Receipts (from Line 19)	$ 169,179.73	$ 295,111.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 366,816.67	$ 374,546.28
7. Total Disbursements (from Line 30)	$ 36,323.31	$ 44,052.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 330,493.36	$ 330,493.36
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

April 19, 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)

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 3/1/93 TO: 3/31/93

	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	133,696.50	253,889.00
iii. Total (add i and ii) ➤	133,696.50	253,889.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	133,696.50	253,889.00
12. Transfers From Affiliated/Other Party Committees	34,920.00	40,100.00
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.)	563.23	1,122.51
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	169,179.73	295,111.51
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	458.31	687.92
c. Total Operating Expenditures (add a i, a ii, and b) ➤	458.31	687.92
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	29,550.00	37,050.00
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	6,315.00	6,315.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	36,323.31	44,052.92
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)	133,696.50	253,889.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	133,696.50	253,889.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	458.31	687.92
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	458.31	687.92

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Security Bank 1501 Pennsylvania Ave., N.W. Washington, D.C. 20013	Interest	3/31/93	563.23
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 1,122.51		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) $563.23

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. California Dental Association PAC P.O. Box 13749 Sacramento, CA 95853-4749 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Transfer from affiliated committee Occupation Aggregate Year-to-Date $25,000.00	3/31/93	25,000.00
B. Virginia Dental PAC P.O. Box 6906 Richmond, VA 23230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Transfer from affiliated committee Occupation Aggregate Year-to-Date $14,420.00	3/9/93	9,920.00
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) $34,920.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21

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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., N.W. Washington, D.C. 20013	Service Charges Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/31/93	459.31
B. 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
C. 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
D. 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
E. 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
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) $459.31

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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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	Payment of income tax Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/16/93	6,315.00
B. 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
C. 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
D. 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
E. 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
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)	$6,315.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael McNulty for Congress P.O. Box 1560 Green Island, NY 12183	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/3/93	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Paxon for Congress P.O. Box 1995 Williamsville, NY 14231	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/3/93	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charlie Rangel for Congress 2030 Allen Place, N.W. Washington, D.C. 20009	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/3/93	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Brewster for Congress P.O. Box 10 Madill, OK 73446	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/9/93	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Rosa DeLauro 115 8th Street, S.E. Washington, D.C. 20003	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/9/93	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Boucher for Congress P.O. Box 2474 Washington, D.C. 20013	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/9/93	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Jack Reed Committee P.O. Box 8628 Cranston, RI 02920	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/9/93	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jon Kyl Reelection Committee 3869 Beech Down Drive Chantilly, VA 22021-3348	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/9/93	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Orrin Hatch ElectionCommittee 425 Second Street, N.E. Washington, D.C. 20002	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/9/93	1,000.00

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Pomeroy for Congress P.O. Box 746 Bismarck, ND 58502	Candidate Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retirement	3/9/93	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jay Kim for Congress 1300 S. Valley Vista Drive Diamond Bar, CA 91765	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/12/93	300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frank Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740	Candidate Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retiremt	3/16/93	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for David Mann P.O. Box 2884 Washington, D.C. 20013	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/16/93	250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Tom Harkin 426 C Street, N.E. Washington, D.C.	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/16/93	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Amo Houghton 3869 Beech Down Drive Chantilly, VA 22021-3348	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/16/93	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Camp for Congress P.O. Box 423 Midland, MI 48640	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/16/93	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ron Klink for Congress Cmte. 226 Connor Drive Jeannette, PA 15644	Candidate Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retire.	3/23/93	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Frank Wolf '94 P.O. Box 6596 McLean, VA 22106-9839	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 5

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wally Herger for Congress Cmte. P.O. Box 40175 Washington, D.C. 20016	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Alan Wheat for Congress 108 N. Alfred St., Ste. 301 Alexandria, VA 22314	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Committee for Sam Gibbons P.O. Box 2884 Washington, D.C. 20013	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John Bryant Campaign Committee 142 D Street, S.E. Washington, DC 20003	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nita Lowey for Congress Cmte. 3467 Mildred Drive Falls Church, VA 22042	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Martin Frost Campaign Committee P.O. Box 70527 Washington, D.C. 20024	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Butler Derrick P.O. Box 39164 Washington, D.C. 20016	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tom DeLay Congressional Cmte. 4010 Franconia Road Alexandria, VA 22310-2136	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Kopetski for Congress P.O. Box 15259 Washington, D.C. 20003-0259	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Fred Grandy for Congress P.O. Box 1775 Sioux City, IA 51102	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
B. Dave Hobson for Congress Cmte. 82 West Columbia Street Springfield, OH 45502	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
C. Helen Bentley Reelect Cmte. 1650 33rd Street, N.W. Washington, D.C. 20007	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
D. Jim Slattery for Congress 211 East 8th Street, Ste. C Lawrence, KS 66044	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	500.00
E. Dick Gephardt in Congress Cmte 7435 Watson Road, Suite 107 St. Louis, MO 63119	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/23/93	2,500.00
F. Friends of Connie Mack P.O. Box 1835 Tampa, FL 33601-1835	Candidate Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/24/93	1,000.00
G. Peter Barca for Congress Cmte. 2500 Washington Road Kenosha, WI	Candidate Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Special Election	3/30/93	1,500.00
H. Bart Stupak for Congress P.O. Box 20 Newberry, MI 49869	Candidate Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retiremt.	3/30/93	1,500.00
I. Donald Manzullo for Congress P.O. Box 70 Oregon, IL 61061	Candidate Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retiremt.	3/30/93	2,000.00

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

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. National Republican Congressional Committee, 329 First Street, S.E., Washington, D.C.	Committee Contribution; [ ] Primary [ ] General [ ] Other (specify)	3/30/93	5,000.00
B. Rick Lehman Campaign Committee, 555 New Jersey Ave., N.W., Washington, D.C. 20001	Candidate Contribution; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/31/93	500.00
C. Citizens for Connie Mack for Congress Committee, P.O. Box A, Fort Myers, FL 33902	Check voided-made out to wrong campaign name; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/24/93	(1,000.00)
D.	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $29,550.00

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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 4/19/93
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☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

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