

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

 PAGE 1 OF 1  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>American Dental Association Independent Expenditures Committee</b>                                                                                               |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00488338         </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y       </div>                        |

|                                                         |                      |                                                                                                                                                                                                       |                                                                                                                                                             |
|---------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Strategic Impact</b>           |                      | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y<br/>         05 / 19 / 2014       </div> |                                                                                                                                                             |
| Mailing Address 1890 Star Shoot Parkway<br>#17-250      |                      | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">         10200.00       </div>                                                                                   |                                                                                                                                                             |
| City Lexington                                          | State KY             | Zip Code 40509                                                                                                                                                                                        | Transaction ID : 12467976                                                                                                                                   |
| Purpose of Expenditure<br>Direct Mail TX-36             | Category/Type<br>003 | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y       </div>                                    |                                                                                                                                                             |
| Name of Federal Candidate<br>Brian Babin                |                      | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                        | Office Sought: <input checked="" type="checkbox"/> House    District: 36<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX |
| Calendar Year-To-Date<br>Per Election for Office Sought |                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;">         95386.35       </div>                                                                                             |                                                                                                                                                             |
|                                                         |                      | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff2014                                          |                                                                                                                                                             |

|                                                         |               |                                                                                                                                                                           |                                                                                                                                                                    |
|---------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee                                      |               | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y       </div> |                                                                                                                                                                    |
| Mailing Address                                         |               | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">         10200.00       </div>                                                       |                                                                                                                                                                    |
| City                                                    | State         | Zip Code                                                                                                                                                                  | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y       </div> |
| Purpose of Expenditure                                  | Category/Type |                                                                                                                                                                           |                                                                                                                                                                    |
| Name of Federal Candidate                               |               | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                       | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____             |
| Calendar Year-To-Date<br>Per Election for Office Sought |               | <div style="border: 1px solid black; padding: 2px; display: inline-block;">         10200.00       </div>                                                                 |                                                                                                                                                                    |
|                                                         |               | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                   |                                                                                                                                                                    |

|                                                                    |                                                                                                           |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">         10200.00       </div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">         10200.00       </div> |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">         10200.00       </div> |

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]

Date

M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2014

Signature