

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Dental Political Action Committee

ADDRESS (number and street) 1111 14th Street, NW  
Suite 1100  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00000729  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2007 through 06 30 2007

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 Dr Roger Triftshouser

Signature of Treasurer Electronically Filed by Dr Roger Triftshouser Date 07 11 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Dental Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		406004.72
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	557911.00									
(c) Total Receipts (from Line 19) .....	21938.05	683228.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	579849.05	1089232.97								
7. Total Disbursements (from Line 31) .....	172600.22	681984.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	407248.83	407248.83								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
American Dental Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	1500.00	24715.00
(i) Itemized (use Schedule A) .....	16755.00	377785.74
(ii) Unitemized .....	18255.00	402500.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	18255.00	402500.74
12. Transfers From Affiliated/Other Party Committees .....	3495.06	279569.53
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.) .....	187.99	1157.98
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 Transfer (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)) .....	21938.05	683228.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21938.05	683228.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	500.22	1116.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	500.22	1116.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	172100.00	679700.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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 .....	0.00	0.00
(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)) .....	0.00	0.00
29. Other Disbursements.....	0.00	1167.49
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	172600.22	681984.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	172600.22	681984.14

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	18255.00	402500.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18255.00	402500.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	500.22	1116.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	500.22	1116.65

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 42
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Florida Dental PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1111 E. Tennessee Street Suite 102		<b>Transaction ID:</b> 3920697
City State Zip Code Tallahassee FL 32308	Amount of Each Receipt this Period 760.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 54000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> California Dental PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address PO Box 13749		<b>Transaction ID:</b> 3920699
City State Zip Code Sacramento CA 95853	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 35775.47	

Full Name (Last, First, Middle Initial) <b>C.</b> Tennessee Dental PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address PO Box 120188 2104 Sunset Place		<b>Transaction ID:</b> 3920705
City State Zip Code Nashville TN 37212	Amount of Each Receipt this Period 720.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 24356.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<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 Political Action Committee

A. Full Name (Last, First, Middle Initial) Florida Dental PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 1111 E. Tennessee Street Suite 102		Transaction ID: 4026955	
City State Zip Code Tallahassee FL 32308		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 54080.00	

B. Full Name (Last, First, Middle Initial) Indiana Dental PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address PO Box 2467		Transaction ID: 4026957	
City State Zip Code Indianapolis IN 46206		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 11365.00	

C. Full Name (Last, First, Middle Initial) California Dental PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address PO Box 13749		Transaction ID: 4026960	
City State Zip Code Sacramento CA 95853		Amount of Each Receipt this Period 1655.06	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 37430.53	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1775.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42
	<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Nevada Dental PAC		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 8863 W Flamingo Rd., Ste 102		<b>Transaction ID:</b> 4029236	
City State Zip Code Las Vegas NV 89147	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> California Dental PAC		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address PO Box 13749		<b>Transaction ID:</b> 4029238	
City State Zip Code Sacramento CA 95853	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 37470.53		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3495.06

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 42
	<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Dr Warren Boswell Branch		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 3301 Oakwell Court Suite 101		Transaction ID: 3920703
City State Zip Code San Antonio TX 78218-3074	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Dean R Hussong		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address N11607 Sheldon Rd		Transaction ID: 3920712
City State Zip Code Tomahawk WI 54487-9476	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Nancy Y Patel		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 10638 N Wood Crest Dr		Transaction ID: 3920715
City State Zip Code Mequon WI 53092-6418	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 42	
	(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"/> 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 Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr James Willey

Mailing Address 711 N 3rd St

City	State	Zip Code
Elburn	IL	60119-8968

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	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

**Transaction ID:** 4029235

Amount of Each Receipt this Period

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 42	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Citibank 1

Mailing Address 1500 Vermont Ave Nw

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1157.98

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2007

Transaction ID: 4031784

Amount of Each Receipt this Period  
187.99

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	187.99
<b>TOTAL</b> This Period (last page this line number only) .....	▶	187.99

**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)

PAGE 12 / 42

<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 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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: 4031812

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

500.22

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

500.22

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

500.22

# 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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends Of Roy Blunt</b>		<b>Transaction ID: 3918837</b> Date of Disbursement 06 / 04 / 2007	
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 5000.00	
City Springfield	State MO		011 Category/ Type
Zip Code 65805			
Purpose of Disbursement Sent to Dr. Stone			
Candidate Name Rep. Roy Blunt		Sent to Dr. Stone	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO District: 7			

Full Name (Last, First, Middle Initial) <b>B. Souder for Congress, Inc.</b>		<b>Transaction ID: 3918832</b> Date of Disbursement 06 / 04 / 2007	
Mailing Address PO Box 400		Amount of Each Disbursement this Period 1000.00	
City Grabill	State IN		011 Category/ Type
Zip Code 46741			
Purpose of Disbursement Sent to Campaign			
Candidate Name Mark Souder		Sent to Campaign	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 3			

Full Name (Last, First, Middle Initial) <b>C. Mike Rogers For Congress</b>		<b>Transaction ID: 3918835</b> Date of Disbursement 06 / 04 / 2007	
Mailing Address 123 East 13th Street		Amount of Each Disbursement this Period 1000.00	
City Anniston	State AL		011 Category/ Type
Zip Code 36201			
Purpose of Disbursement Sent to Campaign			
Candidate Name Rep. Michael D. Rogers		Sent to Campaign	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AL District: 3			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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)

PAGE 14 / 42

<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends Of John Thune</b>		<b>Transaction ID: 3918833</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 224 North Phillips Avenue Ste 210		Amount of Each Disbursement this Period 1000.00
City State Zip Code Sioux Falls SD 57104	Category/ Type 011	
Purpose of Disbursement Sent to Campaign		Sent to Campaign
Candidate Name Sen. John R. Thune		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District: 2		

Full Name (Last, First, Middle Initial) <b>B. Re-Elect Brian Bilbray for Congress</b>		<b>Transaction ID: 3918830</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 2466 Unicornio Street		Amount of Each Disbursement this Period 1000.00
City State Zip Code Carlsbad CA 92009	Category/ Type 011	
Purpose of Disbursement Sent to Dr. Cassat		Sent to Dr. Cassat
Candidate Name Brian Bilbray		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 50		

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Boehner</b>		<b>Transaction ID: 3920327</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 7908-12 Cincinnati Dayton Road		Amount of Each Disbursement this Period 5000.00
City State Zip Code West Chester OH 45069	Category/ Type 011	
Purpose of Disbursement Sent to Campaign		Sent to Campaign
Candidate Name Rep. John A. Boehner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 8		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Linder For Congress</b>		Transaction ID: 3920329 Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2007	
Mailing Address P. O. Box 4026		Amount of Each Disbursement this Period 1000.00	
City Duluth State GA Zip Code 30096	Purpose of Disbursement Sent to Campaign Candidate Name Rep. John Linder	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sent to Campaign	

Full Name (Last, First, Middle Initial) <b>B. Gary Miller For Congress</b>		Transaction ID: 3920326 Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2007	
Mailing Address 721 S Brea Canyon Road Suite 7		Amount of Each Disbursement this Period 3000.00	
City Diamond Bar State CA Zip Code 91789	Purpose of Disbursement Sent to Campaign Candidate Name Rep. Gary G. Miller	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sent to Campaign	

Full Name (Last, First, Middle Initial) <b>C. Candice Miller For Congress</b>		Transaction ID: 3920331 Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2007	
Mailing Address PO Box 182152		Amount of Each Disbursement this Period 2500.00	
City Shelby Township State MI Zip Code 48318	Purpose of Disbursement Sent to Campaign Candidate Name Rep. Candice S. Miller	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sent to Campaign	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. John Tierney For Congress</b>		<b>Transaction ID: 3920614</b> Date of Disbursement 06 / 07 / 2007
Mailing Address 49 Federal Street		Amount of Each Disbursement this Period 2000.00  check sent to Dr. David Becker
City Salem State MA Zip Code 01970		
Purpose of Disbursement check sent to Dr. David Becker Candidate Name John Tierney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 6 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Rely on Your Beliefs Fund</b>		<b>Transaction ID: 3920615</b> Date of Disbursement 06 / 07 / 2007	
Mailing Address 209 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 2500.00  check sent to PAC	
City Washington State DC Zip Code 20003			
Purpose of Disbursement check sent to PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Virginia Victory PAC</b>		<b>Transaction ID: 3920618</b> Date of Disbursement 06 / 07 / 2007	
Mailing Address PO Box 3533		Amount of Each Disbursement this Period 2000.00  check sent to PAC	
City Merrifield State VA Zip Code 22116			
Purpose of Disbursement check sent to PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

<b>A. Cole PAC</b> Full Name (Last, First, Middle Initial) Cole PAC Mailing Address 12176 Chancery Station Circle City Reston State VA Zip Code 20190 Purpose of Disbursement check sent to PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 3920617 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 Category/Type: 011 check sent to PAC
--	--	--

<b>B. Abercrombie For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005 City Honolulu State HI Zip Code 96814 Purpose of Disbursement check sent to Dr. Gary Yonemoto Candidate Name Rep. Neil Abercrombie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 1 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 3920796 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 2300.00 Category/Type: 011 check sent to Dr. Gary Yonemoto
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<b>C. Committee For Pete V. Domenici</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 93656 City Albuquerque State NM Zip Code 87199 Purpose of Disbursement Judy Sherman will attend event/check to Candidate Name Pete Domenici Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1 Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US General		<b>Transaction ID:</b> 3920831 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 Category/Type: 011 Judy Sherman will attend event/check to campaign
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends Of Doc Hastings</b>		<b>Transaction ID: 3920787</b> Date of Disbursement 06 / 11 / 2007
Mailing Address PO Box 2926		Amount of Each Disbursement this Period 2000.00
City Pasco State WA Zip Code 99302	011 Category/ Type	
Purpose of Disbursement check sent to Dr. Robert Merrill		
Candidate Name Rep. Richard Hastings		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Dr. Robert Merrill

Full Name (Last, First, Middle Initial) <b>B. Jesse Jackson Jr. For Congress Cmte.</b>		<b>Transaction ID: 3920827</b> Date of Disbursement 06 / 11 / 2007
Mailing Address 2559 East 72nd Street		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60649	011 Category/ Type	
Purpose of Disbursement Judy Sherman attended event/check to cam		
Candidate Name Jesse Jackson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Judy Sherman attended event/check to campaign

Full Name (Last, First, Middle Initial) <b>C. Citizens To Elect Rick Larsen</b>		<b>Transaction ID: 3920829</b> Date of Disbursement 06 / 11 / 2007
Mailing Address PO Box 326		Amount of Each Disbursement this Period 1000.00
City Everett State WA Zip Code 98206	011 Category/ Type	
Purpose of Disbursement Jennifer Fisher will attend event/check		
Candidate Name Rep. Rick Larsen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Jennifer Fisher will attend event/check to campaign

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Pallone For Congress</b>		<b>Transaction ID:</b> 3920801 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2000.00
City Long Branch State NJ Zip Code 07740	011 Category/ Type	
Purpose of Disbursement check sent to campaign		
Candidate Name Rep. Frank Pallone, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US General	check sent to campaign

Full Name (Last, First, Middle Initial) <b>B. Rogers For Congress</b>		<b>Transaction ID:</b> 3920806 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 581 Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	011 Category/ Type	
Purpose of Disbursement Katie Yehl attended event/check sent to		
Candidate Name Rep. Michael J. Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Katie Yehl attended event- /check sent to campaign

Full Name (Last, First, Middle Initial) <b>C. Friends Of Sessions Senate Committee, Inc</b>		<b>Transaction ID:</b> 3920788 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 335 Russell Senate Office Building		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20510	011 Category/ Type	
Purpose of Disbursement check sent to Mr. Wayne McMahan, AL Dent		
Candidate Name Jeff Sessions		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 2	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US General	check sent to Mr. Wayne McMahan, AL Dental Assoc

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Latham For Congress</b>		Transaction ID: 3920798 Date of Disbursement 06 / 11 / 2007
Mailing Address P.O. Box 71 PO Box 71		Amount of Each Disbursement this Period 2500.00
City Clarion State IA Zip Code 50525	011 Category/ Type	
Purpose of Disbursement check sent to Mr. Larry Carl, Iowa Denta		
Candidate Name Rep. Thomas P. Latham		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Mr. Larry Carl, Iowa Dental Association

Full Name (Last, First, Middle Initial) <b>B. David Price for Congress</b>		Transaction ID: 3920837 Date of Disbursement 06 / 11 / 2007
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1000.00
City Raleigh State NC Zip Code 27602	011 Category/ Type	
Purpose of Disbursement Judy Sherman will attend event/check sen		
Candidate Name David Price		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Judy Sherman will attend event/check sent to campaign

Full Name (Last, First, Middle Initial) <b>C. Regula For Congress Committee</b>		Transaction ID: 3920828 Date of Disbursement 06 / 11 / 2007
Mailing Address 228 S. Washington St. Ste. 115		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement Judy Sherman will attend event/check sen		
Candidate Name Rep. Ralph Regula		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Judy Sherman will attend event/check sent to campaign

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gingrey For Congress</b>		<b>Transaction ID:</b> 3920835 Date of Disbursement 06 / 11 / 2007	
Mailing Address PO Box U		Amount of Each Disbursement this Period 1000.00	
City Marietta	State GA		Purpose of Disbursement Mike Graham will attend event/check to c
Zip Code 30060			
Candidate Name Rep. Phil Gingrey, M.D.			011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 11		Mike Graham will attend event/check to campaign	

Full Name (Last, First, Middle Initial) <b>B. Price For Congress</b>		<b>Transaction ID:</b> 3920784 Date of Disbursement 06 / 11 / 2007	
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 2000.00	
City Roswell	State GA		Purpose of Disbursement check sent to Dr. John Freihaut
Zip Code 30077			
Candidate Name Rep. Thomas E. Price, M.D.			011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 6		check sent to Dr. John Fr- eihaut	

Full Name (Last, First, Middle Initial) <b>C. Richard Burr Committee</b>		<b>Transaction ID:</b> 3920833 Date of Disbursement 06 / 11 / 2007	
Mailing Address Post Office Box 5928		Amount of Each Disbursement this Period 1000.00	
City Winston-Salem	State NC		Purpose of Disbursement Judy Sherman will attend event/check sen
Zip Code 27113			
Candidate Name Sen. Richard M. Burr			011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 2		Judy Sherman will attend event/check sent to campa- ign	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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 Political Action Committee

<p><b>A. Friends of Sherrod Brown</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address 2280 Kresge Drive Ste 800</p> <p>City Amherst State OH Zip Code 44001</p> <p>Purpose of Disbursement Judy Sherman will attend event/check sen</p> <p>Candidate Name Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 2</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2012 US Primary</p>		<p><b>Transaction ID:</b> 3920834 <b>Date of Disbursement</b> 06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Judy Sherman will attend event/check sent to campaign</p>
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<p><b>B. Buchanan For Congress</b></p> <p>Full Name (Last, First, Middle Initial) Buchanan For Congress</p> <p>Mailing Address PO Box 48928</p> <p>City Sarasota State FL Zip Code</p> <p>Purpose of Disbursement Mike Graham attended event/check sent to</p> <p>Candidate Name Vern Buchanan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 3920808 <b>Date of Disbursement</b> 06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Mike Graham attended event/check sent to campaign</p>
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<p><b>C. MCGOFF For Congress</b></p> <p>Full Name (Last, First, Middle Initial) MCGOFF For Congress</p> <p>Mailing Address PO Box 44003</p> <p>City Indianapolis State IN Zip Code 46244</p> <p>Purpose of Disbursement check sent to Dr. Dennis Zent</p> <p>Candidate Name Mr. John McGoff</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 5</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 3920786 <b>Date of Disbursement</b> 06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>check sent to Dr. Dennis Zent</p>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. John S Fund</b>		Transaction ID: 3920802 Date of Disbursement 06 / 11 / 2007
Mailing Address		Amount of Each Disbursement this Period 1500.00
City Springfield	State IL	
Purpose of Disbursement check sent to PAC	011 Category/ Type	check sent to PAC
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sessions Victory Committee</b>		Transaction ID: 3920791 Date of Disbursement 06 / 11 / 2007
Mailing Address PO Box 413		Amount of Each Disbursement this Period 5000.00
City Mobile	State AL	
Purpose of Disbursement check sent to PAC	011 Category/ Type	check sent to PAC
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Whitfield For Congress Committee</b>		Transaction ID: 3921151 Date of Disbursement 06 / 12 / 2007
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 3500.00
City Hopkinsville	State KY	
Purpose of Disbursement check sent to campaign	011 Category/ Type	check sent to campaign
Candidate Name Rep. Edward Whitfield		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US General	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10000.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Together for Our Majority PAC</b>		<b>Transaction ID:</b> 3921149 Date of Disbursement 06 / 12 / 2007
Mailing Address PO Box 16488		Amount of Each Disbursement this Period 5000.00
City Arlington State VA Zip Code 22215	Purpose of Disbursement check delivered by Mike Graham/Roger Tri Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check delivered by Mike Graham/Roger Triftshauer

Full Name (Last, First, Middle Initial) <b>B. Citizens For Altmire</b>		<b>Transaction ID:</b> 3921150 Date of Disbursement 06 / 12 / 2007
Mailing Address PO Box 1776		Amount of Each Disbursement this Period 2000.00
City Freedom State PA Zip Code 15042	Purpose of Disbursement check sent to Dr. Donald Stoner Candidate Name Rep. Jason Altmire	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Dr. Donald Stoner

Full Name (Last, First, Middle Initial) <b>C. Cong. Joe Barton Committee</b>		<b>Transaction ID:</b> 3923851 Date of Disbursement 06 / 18 / 2007
Mailing Address 2109 Rayburn House Office Building		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20515	Purpose of Disbursement Katie Yehl attended event/check sent to Candidate Name Joe Barton	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US General	Katie Yehl attended event- /check sent to campaign

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Cantor For Congress</b>		Transaction ID: 3924290 Date of Disbursement 06 / 18 / 2007	
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 2500.00	
City Richmond State VA Zip Code 23226	Purpose of Disbursement check sent to Dr. Terry Dickinson Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
		check sent to Dr. Terry Dickinson	

Full Name (Last, First, Middle Initial) <b>B. Team Emerson For Jo Ann Emerson</b>		Transaction ID: 3923852 Date of Disbursement 06 / 18 / 2007	
Mailing Address PO Box 822 P.O. Box 822		Amount of Each Disbursement this Period 1500.00	
City Cape Girardeau State MO Zip Code 63702	Purpose of Disbursement Katie Yehl attended event/check sent to Candidate Name Rep. Jo Ann Emerson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 8	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US General	Category/ Type 011
		Katie Yehl attended event- /check sent to campaign	

Full Name (Last, First, Middle Initial) <b>C. Barbara Lee For Congress</b>		Transaction ID: 3923650 Date of Disbursement 06 / 18 / 2007	
Mailing Address 1736 Franklin Street #400		Amount of Each Disbursement this Period 3800.00	
City Oakland State CA Zip Code 94612	Purpose of Disbursement California dentists attended event/check Candidate Name Rep. Barbara Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 9	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
		California dentists atten- ded event/check sent to campaign	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7800.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Bachmann for Congress</b>		<b>Transaction ID: 3923646</b> Date of Disbursement 06 / 18 / 2007
Mailing Address PO Box 49756		Amount of Each Disbursement this Period 1000.00  Mike Graham attended event/check sent to campaign
City Blaine State MN Zip Code 55449	Purpose of Disbursement Mike Graham attended event/check sent to Candidate Name Michele Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 6 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Dave Weldon</b>		<b>Transaction ID: 3932718</b> Date of Disbursement 06 / 18 / 2007
Mailing Address 2525 Aurora Road Suite 2		Amount of Each Disbursement this Period 1000.00  FL event/check sent to Dr. Richard Huot
City Melbourne State FL Zip Code 32935	Purpose of Disbursement FL event/check sent to Dr. Richard Huot Candidate Name Rep. Dave Weldon, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Phil PAC</b>		<b>Transaction ID: 3924705</b> Date of Disbursement 06 / 18 / 2007
Mailing Address PO Box 26366		Amount of Each Disbursement this Period 2500.00  check delivered by Mike Graham
City Alexandria State VA Zip Code 22313	Purpose of Disbursement check delivered by Mike Graham Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. PEN PAC</b>		Transaction ID: 3923782 Date of Disbursement 06 / 18 / 2007
Mailing Address PO Box 408		Amount of Each Disbursement this Period 5000.00
City Anderson State IN Zip Code 46015	Purpose of Disbursement check sent to PAC Candidate Name Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to PAC

Full Name (Last, First, Middle Initial) <b>B. Western Majority Project</b>		Transaction ID: 3925337 Date of Disbursement 06 / 18 / 2007
Mailing Address 233 Massachusetts Avenue, NE Second Floor		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Katie Yehl attended event/check to PAC Candidate Name Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Katie Yehl attended event- /check to PAC

Full Name (Last, First, Middle Initial) <b>C. Friends Of Gayle Harrell</b>		Transaction ID: 3932719 Date of Disbursement 06 / 18 / 2007
Mailing Address 1885 N.W. Eagle Point		Amount of Each Disbursement this Period 1000.00
City Stuart State FL Zip Code 34994	Purpose of Disbursement FL event/check sent to Dr. David Boden Candidate Name Gayle Harrell Category/Type: 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FL event/check sent to Dr. David Boden

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Charlie Dent For Congress</b>		Transaction ID: 3933410 Date of Disbursement 06 / 20 / 2007
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1000.00  Katie Yehl attended event- /check sent to campaign
City Allentown State PA Zip Code 18105	011 Category/ Type	
Purpose of Disbursement Katie Yehl attended event/check sent to		
Candidate Name Rep. Charles W. Dent		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hoyer For Congress</b>		Transaction ID: 3933408 Date of Disbursement 06 / 20 / 2007
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 2500.00  Judy Sherman hosted event- /check sent to campaign
City Clinton State MD Zip Code 20735	011 Category/ Type	
Purpose of Disbursement Judy Sherman hosted event/check sent to		
Candidate Name Rep. Steny H. Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. David Davis Victory Fund</b>		Transaction ID: 3933412 Date of Disbursement 06 / 20 / 2007
Mailing Address 2016 Northwood Drive		Amount of Each Disbursement this Period 1000.00  Jennifer Fisher attended event/check sent to campa- ign
City Johnson City State TN Zip Code 37601	011 Category/ Type	
Purpose of Disbursement Jennifer Fisher attended event/check sen		
Candidate Name David Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Perlmutter for Congress</b>		<b>Transaction ID: 3933411</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 1000.00
City Wheat Ridge State CO Zip Code 80033	Katie Yehl attended event-/check sent to campaign	
Purpose of Disbursement Katie Yehl attended event/check sent to		011 Category/Type
Candidate Name Edwin Perlmutter	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 7	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jerry Weller for Congress</b>		<b>Transaction ID: 3933413</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 2701 Black Road #201		Amount of Each Disbursement this Period 1000.00
City Joliet State IL Zip Code 60435	Mike Graham attended event-/check sent to campaign	
Purpose of Disbursement Mike Graham attended event/check sent to		011 Category/Type
Candidate Name Gerald Weller	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Rosa DeLauro</b>		<b>Transaction ID: 3933414</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 49 Huntington Street		Amount of Each Disbursement this Period 1000.00
City New Haven State CT Zip Code 06511	Judy Sherman hosted event-/check sent to campaign	
Purpose of Disbursement Judy Sherman hosted event/check sent to		011 Category/Type
Candidate Name Rep. Rosa L. DeLauro	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 3	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends of George Miller</b>		<b>Transaction ID: 3933415</b> Date of Disbursement 06 / 20 / 2007
Mailing Address PO Box 5864		Amount of Each Disbursement this Period 1000.00  Judy Sherman attended event/check sent to campaign
City Concord State CA Zip Code 94524	011 Category/ Type	
Purpose of Disbursement Judy Sherman attended event/check sent t		
Candidate Name George Miller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kagen 4 Congress</b>		<b>Transaction ID: 3933425</b> Date of Disbursement 06 / 20 / 2007
Mailing Address 100 West Lawrence St		Amount of Each Disbursement this Period 3000.00  check sent to Dr. Tim Rose
City Appleton State WI Zip Code 54911	011 Category/ Type	
Purpose of Disbursement check sent to Dr. Tim Rose		
Candidate Name Steven Kagen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bishop For Congress</b>		<b>Transaction ID: 4023051</b> Date of Disbursement 06 / 21 / 2007
Mailing Address PO Box 909		Amount of Each Disbursement this Period 1000.00  Judy Sherman attended event/check sent to campaign
City Columbus State GA Zip Code 31902	011 Category/ Type	
Purpose of Disbursement Judy Sherman attended event/check sent t		
Candidate Name Sanford Bishop		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Boswell For Congress</b>		Transaction ID: 4023042 Date of Disbursement 06 / 21 / 2007
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 3000.00
City Des Moines	State IA Zip Code 50309	
Purpose of Disbursement check sent to campaign		
Candidate Name Rep. Leonard L. Boswell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to campaign
State: IA District: 3		

Full Name (Last, First, Middle Initial) <b>B. Lautenberg For Senate</b>		Transaction ID: 4023047 Date of Disbursement 06 / 21 / 2007
Mailing Address Gateway One 23rd Floor		Amount of Each Disbursement this Period 1000.00
City Newark	State NJ Zip Code 07102	
Purpose of Disbursement Judy Sherman attended event/check sent t		
Candidate Name Sen. Frank R. Lautenberg		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Judy Sherman attended eve- nt/check sent to campaign
State: NJ District: 2		

Full Name (Last, First, Middle Initial) <b>C. Mark Pryor For Us Senate</b>		Transaction ID: 4023052 Date of Disbursement 06 / 21 / 2007
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 1000.00
City Little Rock	State AR Zip Code 72203	
Purpose of Disbursement Katie Yehl attended event/check sent to		
Candidate Name Sen. Mark L. Pryor		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Katie Yehl attended event- /check sent to campaign
State: AR District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jim Ramstad Volunteer Comm.</b>		Transaction ID: 4023046 Date of Disbursement 06 / 21 / 2007
Mailing Address 1809 Plymouth Rd, South #310		Amount of Each Disbursement this Period 1000.00
City Minnetonka State MN Zip Code 55305	Purpose of Disbursement Mike Graham attended event/check sent to Candidate Name Jim Ramstad Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Mike Graham attended event/check sent to campaign

Full Name (Last, First, Middle Initial) <b>B. Ciro D. Rodriguez For Congress</b>		Transaction ID: 4023049 Date of Disbursement 06 / 21 / 2007
Mailing Address 363 W. Harding		Amount of Each Disbursement this Period 1000.00
City San Antonio State TX Zip Code 78221	Purpose of Disbursement Judy Sherman attended event/check sent t Candidate Name Ciro Rodriguez Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Judy Sherman attended event/check sent to campaign

Full Name (Last, First, Middle Initial) <b>C. Wynn For Congress</b>		Transaction ID: 4023048 Date of Disbursement 06 / 21 / 2007
Mailing Address P.O. Box 39139		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20016	Purpose of Disbursement Katie Yehl attended event/check sent to Candidate Name Rep. Albert Russell Wynn Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Katie Yehl attended event-/check sent to campaign

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends Of Jim Clyburn</b>		<b>Transaction ID:</b> 4023044 Date of Disbursement 06 / 21 / 2007
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 1500.00  Jennifer Fisher attended event/check sent to campaign
City Columbia State SC Zip Code 29211	011 Category/Type	
Purpose of Disbursement Jennifer Fisher attended event/check sent		
Candidate Name Rep. James E. Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Allyson Schwartz For Congress</b>		<b>Transaction ID:</b> 4023045 Date of Disbursement 06 / 21 / 2007
Mailing Address P.O. Box 2232		Amount of Each Disbursement this Period 1000.00  Kathleen Ford attended event/check sent to campaign
City Jenkintown State PA Zip Code 19046	011 Category/Type	
Purpose of Disbursement Kathleen Ford attended event/check sent		
Candidate Name Rep. Allyson Y. Schwartz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Charlie Wilson</b>		<b>Transaction ID:</b> 4023041 Date of Disbursement 06 / 21 / 2007
Mailing Address 7 Cadiz Pike		Amount of Each Disbursement this Period 2000.00  check sent to Dr. John Kramer
City Bridgeport State OH Zip Code 43912	011 Category/Type	
Purpose of Disbursement check sent to Dr. John Kramer		
Candidate Name Charles Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Comm. To Re-Elect Nydia Velazquez</b>		Transaction ID: 4023673 Date of Disbursement 06 / 26 / 2007
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 3000.00
City Gaithersburg State MD Zip Code 20878	011 Category/ Type	
Purpose of Disbursement check to Dr. Steve Gounardes-NY event on		
Candidate Name Nydia Velazquez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check to Dr. Steve Gounardes-NY event on 7/3/07

Full Name (Last, First, Middle Initial) <b>B. Bart Gordon Committee</b>		Transaction ID: 4023652 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 2008		Amount of Each Disbursement this Period 1000.00
City Murfreesboro State TN Zip Code 37133	011 Category/ Type	
Purpose of Disbursement Jennifer Fisher attended event/check sen		
Candidate Name Bart Gordon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Jennifer Fisher attended event/check sent to campaign

Full Name (Last, First, Middle Initial) <b>C. Nancy Pelosi For Congress</b>		Transaction ID: 4027392 Date of Disbursement 06 / 26 / 2007
Mailing Address 235 Montgomery Street Suite 610		Amount of Each Disbursement this Period 5000.00
City San Francisco State CA Zip Code 94104	011 Category/ Type	
Purpose of Disbursement check delivered by Kathleen Ford		
Candidate Name Rep. Nancy Pelosi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check delivered by Kathleen Ford

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> 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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Nancy Pelosi For Congress</b>		<b>Transaction ID: 4027393</b> Date of Disbursement 06 / 26 / 2007
Mailing Address 235 Montgomery Street Suite 610		Amount of Each Disbursement this Period 5000.00
City San Francisco State CA Zip Code 94104	011 Category/ Type	
Purpose of Disbursement check delivered by Kathleen Ford		
Candidate Name Rep. Nancy Pelosi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 8	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US General	check delivered by Kathleen Ford

Full Name (Last, First, Middle Initial) <b>B. Christopher Shays For Congress Committee</b>		<b>Transaction ID: 4026970</b> Date of Disbursement 06 / 26 / 2007
Mailing Address 98 East Avenue Rear Building		Amount of Each Disbursement this Period 1000.00
City Norwalk State CT Zip Code 06851	011 Category/ Type	
Purpose of Disbursement Jennifer Fisher attended event/check sen		
Candidate Name Rep. Christopher Shays		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Jennifer Fisher attended event/check sent to campaign

Full Name (Last, First, Middle Initial) <b>C. Woolsey For Congress</b>		<b>Transaction ID: 4023665</b> Date of Disbursement 06 / 26 / 2007
Mailing Address P.O. Box 750176		Amount of Each Disbursement this Period 1000.00
City Petaluma State CA Zip Code 94975	011 Category/ Type	
Purpose of Disbursement Jennifer Fisher attended event/check sen		
Candidate Name Rep. Lynn C. Woolsey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Jennifer Fisher attended event/check sent to campaign

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends Of Dick Durbin Committee</b>		<b>Transaction ID:</b> 4023668 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 1949		Amount of Each Disbursement this Period 1000.00  Judy Sherman attended event/check sent to campaign
City Springfield State IL Zip Code 62705		
Purpose of Disbursement Judy Sherman attended event/check sent t	011 Category/Type	
Candidate Name Sen. Richard J. Durbin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Virginia Foxx For Congress</b>		<b>Transaction ID:</b> 4026971 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 1100		Amount of Each Disbursement this Period 1000.00  Jennifer Fisher attended event/check sent to campaign
City Clemmons State NC Zip Code 27012		
Purpose of Disbursement Jennifer Fisher attended event/check sen	011 Category/Type	
Candidate Name Rep. Virginia Foxx		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Yarmuth For Congress</b>		<b>Transaction ID:</b> 4023670 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 1819 Brownsboro Road Suite 100		Amount of Each Disbursement this Period 1000.00  Jennifer Fisher attended event/check sent to campaign
City Louisville State KY Zip Code 40206		
Purpose of Disbursement Jennifer Fisher attended event/check sen	011 Category/Type	
Candidate Name Mr. John Yarmuth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Sali for Congress</b>		<b>Transaction ID:</b> 4027389 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 71		Amount of Each Disbursement this Period 2500.00  2006 General Debt Retirement-check sent to campaign
City Kuna State ID CA Zip Code 83634	011 Category/Type	
Purpose of Disbursement 2006 General Debt Retirement-check sent		
Candidate Name Bill Sali		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Other	

Full Name (Last, First, Middle Initial) <b>B. Mike Honda For Congress</b>		<b>Transaction ID:</b> 4023667 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 50 W. San Fernando St Ste 350		Amount of Each Disbursement this Period 1000.00  Judy Sherman attended event/check sent to campaign
City San Jose State ID CA Zip Code 95113	011 Category/Type	
Purpose of Disbursement Judy Sherman attended event/check sent t		
Candidate Name Rep. Michael M. Honda		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Trust Pac</b>		<b>Transaction ID:</b> 4023671 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 5000.00  Katie Yehl attended event-check sent to campaign
City Alexandria State ID VA Zip Code 22301	011 Category/Type	
Purpose of Disbursement Katie Yehl attended event/check sent to		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Bridge PAC</b>		<b>Transaction ID:</b> 4027391 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 1021		Amount of Each Disbursement this Period 2000.00
City Menominee State MI Zip Code 49858	Purpose of Disbursement check sent to Dr. Robert Richards Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Dr. Robert Richards

Full Name (Last, First, Middle Initial) <b>B. CHC BOLD PAC</b>		<b>Transaction ID:</b> 4023676 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Judy Sherman attended event/check sent t Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Judy Sherman attended event/check sent to campaign

Full Name (Last, First, Middle Initial) <b>C. Capps For Congress</b>		<b>Transaction ID:</b> 4028829 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1707 Longworth House Office Buildi		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20515	Purpose of Disbursement check delivered by Kathleen Ford Candidate Name Lois Capps	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check delivered by Kathleen Ford

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Voinovich For US Senate</b>		Transaction ID: 4028827 Date of Disbursement 06 / 27 / 2007
Mailing Address P.O. Box 21030		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22320	Purpose of Disbursement check sent to Dr. Donald Demkee Candidate Name George Voinovich Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 2		
check sent to Dr. Donald Demkee		

Full Name (Last, First, Middle Initial) <b>B. Blumenauer For Congress</b>		Transaction ID: 4028846 Date of Disbursement 06 / 27 / 2007
Mailing Address 830 Ne Holladay Suite 105		Amount of Each Disbursement this Period 2000.00
City Portland State OR Zip Code 97232	Purpose of Disbursement check sent to Dr. Teri Barichello Candidate Name Rep. Earl Blumenauer Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 3		
check sent to Dr. Teri Barichello		

Full Name (Last, First, Middle Initial) <b>C. Cummings For Congress Campaign Committee</b>		Transaction ID: 4028830 Date of Disbursement 06 / 27 / 2007
Mailing Address PO Box 1631		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21203	Purpose of Disbursement Jennifer Fisher attended event/check sen Candidate Name Rep. Elijah E. Cummings Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 7		
Jennifer Fisher attended event/check sent to campaign		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. MASS Pac</b>		<b>Transaction ID:</b> 4028834 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	Purpose of Disbursement check delivered by Kathleen Ford Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check delivered by Kathleen Ford

Full Name (Last, First, Middle Initial) <b>B. Cubin For Congress, Inc</b>		<b>Transaction ID:</b> 4029112 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 4657		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82604	Purpose of Disbursement Katie Yehl attended event/check sent to Candidate Name Barbara Cubin Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Katie Yehl attended event-/check sent to campaign

Full Name (Last, First, Middle Initial) <b>C. John D. Dingell For Congress Committee</b>		<b>Transaction ID:</b> 4029109 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20005	Purpose of Disbursement check delivered by Katie Yehl Candidate Name Rep. John D. Dingell Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check delivered by Katie Yehl

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. John D. Dingell For Congress Committee</b>		<b>Transaction ID:</b> 4029110 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	check delivered by Katie Yehl	
Purpose of Disbursement check delivered by Katie Yehl		011 Category/ Type
Candidate Name Rep. John D. Dingell		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US General
State: MI District: 15		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Joe Pitts</b>		<b>Transaction ID:</b> 4029113 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 775		Amount of Each Disbursement this Period 1000.00
City Unionville State PA Zip Code 19375	Katie Yehl attended event- /check sent to campaign	
Purpose of Disbursement Katie Yehl attended event/check sent to		011 Category/ Type
Candidate Name Rep. Joseph R. Pitts		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA District: 16		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Carolyn Mccarthy</b>		<b>Transaction ID:</b> 4029139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period 1500.00
City Mineola State NY Zip Code 11501	check delivered by Kathle- en Ford	
Purpose of Disbursement check delivered by Kathleen Ford		011 Category/ Type
Candidate Name Rep. Carolyn McCarthy		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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)

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<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 Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** LINC PAC

Mailing Address 181 Connecticut Ave., NW  
Ste 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
check delivered by Kathleen Ford

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 4029138

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

2500.00

check delivered by Kathleen Ford

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

2500.00

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

172100.00