

# 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 11 04 2008 in the State of \_\_\_\_\_

5. Covering Period 10 16 2008 through 11 24 2008

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 Triftshauer

Signature of Treasurer Electronically Filed by Dr Roger Triftshauer Date 12 04 2008

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

Office Use Only

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Dental Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		491747.10
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	106153.78									
(c) Total Receipts (from Line 19) .....	207132.82	1139404.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	313286.60	1631151.14								
7. Total Disbursements (from Line 31) .....	146746.29	1464610.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	166540.31	166540.31								
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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	120100.00	217750.00
(i) Itemized (use Schedule A) .....	82918.00	781028.24
(ii) Unitemized .....	203018.00	998778.24
(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) .....	203018.00	998778.24
12. Transfers From Affiliated/Other Party Committees .....	30.00	127870.31
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 .....	4000.00	9222.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	84.82	3533.49
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)) .....	207132.82	1139404.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	207132.82	1139404.04

**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.....	846.29	4004.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	846.29	4004.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	145000.00	1432300.00
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 .....	900.00	4414.93
(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)) .....	900.00	4414.93
29. Other Disbursements.....	0.00	23891.32
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))..	146746.29	1464610.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	146746.29	1464610.83

**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) .....	203018.00	998778.24
34. Total Contribution Refunds (from Line 28(d)) .....	900.00	4414.93
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	202118.00	994363.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	846.29	4004.58
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	846.29	4004.58

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Michel Andre Jusseume

Mailing Address

City State Zip Code  
MA

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

Name of Employer self-employed dentist Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217365

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Kerry Lane

Mailing Address 20 Rampasture Rd

City State Zip Code  
Hampton Bays NY 11946-3120

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217393

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Steven M Dater

Mailing Address 7122 Hawick Ct NE

City State Zip Code  
Belmont MI 49306-9688

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217394

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Dr Raymond Gist		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address 5301 Deepdale Dr		<b>Transaction ID:</b> 7217395
City Grand Blanc	State MI	Zip Code 48439-9563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Mrs. Jill Gist		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address 5301 Deepdale Drive		<b>Transaction ID:</b> 7217396
City Grand Blanc	State MI	Zip Code 48439-9563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Dr Mark A Crabtree		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address 1100 Mulberry Rd		<b>Transaction ID:</b> 7217397
City Martinsville	State VA	Zip Code 24112-5220
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation Full Time Practice (>30 Hrs/week)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Geraldine Mackoul Ferris	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 2118 Lake Dr	<b>Transaction ID:</b> 7217398
	City State Zip Code Winter Park FL 32789-2840	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Steven J Holm	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 635 Deer Meadow Trl	<b>Transaction ID:</b> 7217399
	City State Zip Code Valparaiso IN 46385-8920	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Janice Sugiyama	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Apt B 6063 Jacaranda Way	<b>Transaction ID:</b> 7217400
	City State Zip Code Carpinteria CA 93013-2871	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Full Time Practice (>30 Hrs/week) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 9 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Stephanie Urillo  
Mailing Address 360 N. Main Street, #15  
City Southington State CT Zip Code 06489-2503  
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 10 / 16 / 2008  
Transaction ID: 7217401  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Ronald P Lemmo  
Mailing Address 7400 Hillside Ln  
City Solon State OH Zip Code 44139-5662  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation dentist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 16 / 2008  
Transaction ID: 7217402  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Marsha A Pyle  
Mailing Address 7440 Hillside Ln  
City Solon State OH Zip Code 44139-5662  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 10 / 16 / 2008  
Transaction ID: 7217403  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr John C Di Grazia

Mailing Address 967 Leah Cir

City Reno State NV Zip Code 89511-8524

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

Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2008

Transaction ID: 7217404

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Jennifer Di Grazia

Mailing Address 967 Leah Circle

City Reno State NV Zip Code 89511-8524

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

Name of Employer self-employed Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2008

Transaction ID: 7217405

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr John J Hanck

Mailing Address 1224 Forest Hills Ln

City Fort Collins State CO Zip Code 80524-2265

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

Name of Employer self-employed Occupation Parttime Practice (<30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2008

Transaction ID: 7217406

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr John Elias Roussalis, II

Mailing Address 1220 W 30th St

City Casper State WY Zip Code 82601-5372

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

Name of Employer self-employed Occupation Parttime Practice (<30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2008  
Transaction ID: 7217407  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Darellene Roussalis

Mailing Address

City State WY Zip Code

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

Name of Employer John Roussalis, DDS Occupation office manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2008  
Transaction ID: 7217408  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Edmund Anthony Cassella

Mailing Address 744 Onaha St

City Honolulu State HI Zip Code 96816-4921

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 10 / 16 / 2008  
Transaction ID: 7217409  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 265 Kaiolohia PI

City State Zip Code  
Honolulu HI 96825-1515

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  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7217410

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Kenneth L. Merritt, Jr.

Mailing Address 609 Fleming St

City State Zip Code  
Hendersonville NC 28791

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7217411

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr G. Kirk Gleason

Mailing Address 539 Clifton Park Ctr Rd

City State Zip Code  
Clifton Park NY 12065-4925

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  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7217412

Amount of Each Receipt this Period

500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Dale Gleason

Mailing Address 981 Route 146

City Clifton Park State NY Zip Code 12065-3616

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 16 / 2008  
Transaction ID: 7217413  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Ronald G Testa

Mailing Address 530 Plymouth Ct

City Frankfort State IL Zip Code 60423-9719

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: 10 / 16 / 2008  
Transaction ID: 7217416  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr H Todd Cubbon

Mailing Address 24949 S Woodland Dr

City Crete State IL Zip Code 60417-3447

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: 10 / 16 / 2008  
Transaction ID: 7217417  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Pat Cubbon

Mailing Address 24949 Woodland

City State Zip Code  
Crete IL 60417-3447

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

Name of Employer Occupation  
H. Todd Cubbon, DDS, Ltd. bookkeeper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217418

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Christopher Connell

Mailing Address 5395 Meadow Wood Blvd

City State Zip Code  
Cleveland OH 44124-3754

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217419

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Thomas S Kelly

Mailing Address 35 Pinewood Ln

City State Zip Code  
Hudson OH 44236-3467

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217420

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Dr Darrell T Teruya		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address		<b>Transaction ID:</b> 7217421
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr Pete B Higgins		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address		<b>Transaction ID:</b> 7217422
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Full Time Practice (>30 Hrs/week)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr Jane Grover		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address 1717 Maybrook Rd		<b>Transaction ID:</b> 7217423
City	State	Zip Code
Jackson	MI	49203-5342
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 16 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Grover  
Mailing Address 1717 Maybrook

City State Zip Code  
Jackson MI 49203-5342

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

Name of Employer self-employed Occupation  
self-employed attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8  
Transaction ID: 7217424  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Rhett Leonard Murray  
Mailing Address 11903 E Yale Way

City State Zip Code  
Aurora CO 80014-3126

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

Name of Employer self-employed Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8  
Transaction ID: 7217425  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Martha Murray  
Mailing Address 11903 E. Yale Way

City State Zip Code  
Aurora CO 80014-3126

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

Name of Employer Dr. Rhett Murray Occupation  
Dr. Rhett Murray dental hygienist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8  
Transaction ID: 7217426  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Heidi E Winquist

Mailing Address 829 Hoover Ave

City State Zip Code  
Louisville CO 80027-2294

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

Transaction ID: 7217427

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr William Calnon

Mailing Address 116 Colby St

City State Zip Code  
Spencerport NY 14559-9711

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

Transaction ID: 7217428

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary Kay Calnon

Mailing Address 116 Colby Street

City State Zip Code  
Spencerport NY 14559-9711

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

Name of Employer Occupation  
Churchville Schools neuropsychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

Transaction ID: 7217429

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr T Carroll Player

Mailing Address 420 Rosewood Dr

City State Zip Code  
Florence SC 29501-5454

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217430

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr W Mark Tucker

Mailing Address 724 Druid Hills Rd

City State Zip Code  
Temple Terrace FL 33617-3810

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

Name of Employer self-employed Occupation  
Other Federal Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217431

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Martin Makowski

Mailing Address 5551 Whitfield Dr

City State Zip Code  
Troy MI 48098-5105

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  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217432

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 123
	<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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Karen Makowski

Mailing Address 39400 Garfield Rd

City State Zip Code  
Clinton Twp MI 48038-4096

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

Name of Employer self-employed Occupation  
self-employed artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217433

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Richard D Riva

Mailing Address 393 Wyoming Ave

City State Zip Code  
Millburn NJ 07041-2135

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217434

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon Riva

Mailing Address 33 Main Street Suite 201

City State Zip Code  
Chatham NJ 07928-2433

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7217435

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Denis E Simon, III

Mailing Address 5653 Duncan Kenner Dr

City State Zip Code  
Baton Rouge LA 70820-4418

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7217446

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 6935 Lolo Creek Rd

City State Zip Code  
Lolo MT 59847-8501

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7217447

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Dennis J Zent

Mailing Address 3030 N Bay View Road

City State Zip Code  
Angola IN 46703-9014

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  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7217448

Amount of Each Receipt this Period

500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Wendy Zent

Mailing Address 12120 Burning Tree Road

City State Zip Code  
Fort Wayne IN 46845-6919

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

Name of Employer  
Endodontic Associates, In-c.

Occupation  
office manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7217449

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Henry Cooke Windell

Mailing Address 28400 Historic Columbia River Hwy

City State Zip Code  
Troutdale OR 97060-9345

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

Name of Employer  
self-employed

Occupation  
Parttime Practice (<30 Hrs/week)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7217450

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Michael G Durbin

Mailing Address 408 Cherry Creek Ln

City State Zip Code  
Prospect Hts IL 60070-1095

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

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7217451

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Dr Renee P Pappas

Mailing Address 408 Cherry Creek Ln

City Prospect Heights State IL Zip Code 60070-1095

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

Name of Employer self-employed Occupation dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2008  
Transaction ID: 7217452  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jeffrey Langdon Parrish

Mailing Address 14120 W Snoqualmie Valley Rd NE

City Duvall State WA Zip Code 98019-9103

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

Name of Employer self-employed Occupation No Longer in Practice

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 16 / 2008  
Transaction ID: 7217453  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. JoAnn Parrish

Mailing Address 14120 W. Snoqualmie Valley Road, N

City Duvall State WA Zip Code 98019-9103

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

Name of Employer self-employed Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2008  
Transaction ID: 7217454  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 24 Meadowbrook Dr

City State Zip Code  
Arkport NY 14807-9547

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  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7217455

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Molly Andolina

Mailing Address 24 Meadowbrook Drive

City State Zip Code  
Arkport NY 14807-9547

FEC ID number of contributing federal political committee. C

Name of Employer Dr. Richard Andolina Occupation  
office manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7217456

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Andrew G Vorrasi

Mailing Address 155 Georgian Court Rd

City State Zip Code  
Rochester NY 14610-3416

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  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7217457

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Susan Vorrasi	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 155 Georgian Court Road	<b>Transaction ID:</b> 7217458
	City State Zip Code Rochester NY 14610-3416	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Dr. Andrew Vorrasi Occupation: office manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Bernard P Dishler	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 137 Mahogany Way	<b>Transaction ID:</b> 7217459
	City State Zip Code Lansdale PA 19446-5689	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: self-employed Occupation: Full Time Practice (>30 Hrs/week) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Kathleen Roth	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 509 Summit Dr	<b>Transaction ID:</b> 7217460
	City State Zip Code West Bend WI 53095-3853	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: self-employed Occupation: dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 25 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Dr Daniel Hoag Roth

Mailing Address 509 Summit Dr

City State Zip Code  
West Bend WI 53095-3853

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID: 7217461**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Connie M Verhagen

Mailing Address 3467 Winnetaska Rd

City State Zip Code  
Muskegon MI 49441-3335

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  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID: 7217462**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Robert A Faiella

Mailing Address 39 Eaglestone Way

City State Zip Code  
Cotuit MA 02635-2826

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  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID: 7217463**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Joanne Dawley

Mailing Address 3420 Sherbourne Rd

City State Zip Code  
Detroit MI 48221-1877

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7217464

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1900 Holly Rd

City State Zip Code  
Reading PA 19602-1513

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 ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7217465

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Dean Kennedy Sands

Mailing Address 5921 Gold Hill Rd

City State Zip Code  
Placerville CA 95667-9329

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  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7222484

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jennifer Sands

Mailing Address 2900 Cold Springs

City Placerville State CA Zip Code 95667-4220

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

Name of Employer self-employed Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 16 / 2008  
Transaction ID: 7222485  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Robert E Roesch

Mailing Address 2137 Nye Dr

City Fremont State NE Zip Code 68025-2210

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: 10 / 16 / 2008  
Transaction ID: 7222486  
Amount of Each Receipt this Period: 500.00

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

Mailing Address 553 N Broad St

City Fremont State NE Zip Code 68025-4930

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

Name of Employer self-employed Occupation psychotherapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 16 / 2008  
Transaction ID: 7222487  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Charles Robert Weber

Mailing Address 1200 Waterford Rd

City State Zip Code  
West Chester PA 19380-5814

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

Name of Employer self-employed Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID: 7222488**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr John P Fisher

Mailing Address

City State Zip Code

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID: 7222489**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Joseph F Hagenbruch

Mailing Address 404 W McKinley St

City State Zip Code  
Harvard IL 60033-2160

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID: 7222490**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Rita Hagenbruch

Mailing Address 404 W. McKinley Street

City State Zip Code  
Harvard IL 60033-2160

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

Name of Employer self-employed Occupation  
self-employed homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7222491

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Steven Ira Snyder

Mailing Address 41 Elderwood Dr

City State Zip Code  
Saint James NY 11780-3438

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7222492

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr William D Powell

Mailing Address 5400 Neilwoods Dr

City State Zip Code  
Knoxville TN 37919-8936

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

Name of Employer self-employed Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7222493

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Linda Powell

Mailing Address

City State Zip Code  
TN

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

Name of Employer self-employed  
Occupation homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7222500

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Michael Lloyd Young

Mailing Address 221 Cloveridge Dr

City State Zip Code  
Troy MI 48084-5445

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  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7222501

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Richard Merwin Lofthouse

Mailing Address 640 Coolidge St

City State Zip Code  
Fennimore WI 53809-1553

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

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7222668

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Neil Nunokawa

Mailing Address 603 Kiekie Way

City State Zip Code  
Wailuku HI 96793-1524

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7222718

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr David Allen Banach

Mailing Address 446 Lake Shore Dr W

City State Zip Code  
Dunkirk NY 14048-1478

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7222732

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Terryl A Propper

Mailing Address 911 Huntington Cir

City State Zip Code  
Nashville TN 37215-6114

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

Name of Employer self-employed Occupation Parttime Practice (<30 Hrs/week)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7222750

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Paul Gene Hagemann

Mailing Address 6747 W Kimball Dr

City State Zip Code  
Hurley WI 54534-9054

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  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7222790

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Thomas W Gamba

Mailing Address 2519 S 20th St

City State Zip Code  
Philadelphia PA 19145-4204

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  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7222791

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Mara Catey-Williams

Mailing Address 3615 W 300 S

City State Zip Code  
Marion IN 46953-9728

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  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7222792

Amount of Each Receipt this Period

500.00

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

1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Regina Cobb

Mailing Address 921 Crestwood Ln

City State Zip Code  
Kingman AZ 86409-6991

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7222801

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Joel F. Glover

Mailing Address 1195 W Peckham Ln

City State Zip Code  
Reno NV 89509-5221

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7222802

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary Glover

Mailing Address 3605 Grant Drive

City State Zip Code  
Reno NV 89509-5301

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

Name of Employer Occupation  
Joel F. Glover, DDS office business manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7222803

Amount of Each Receipt this Period

250.00

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

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)  
Dr Joel T Glover, Jr

Mailing Address 6127 Torrington Dr

City	State	Zip Code
Reno	NV	89511-8521

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

Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7222804

Amount of Each Receipt this Period  
500.00

B.

Full Name (Last, First, Middle Initial)  
Mrs. Tracy Glover

Mailing Address 5035 Landybank Court

City	State	Zip Code
Reno	NV	89519-0981

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

Name of Employer self-employed Occupation homemaker

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7222805

Amount of Each Receipt this Period  
250.00

C.

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

Mailing Address 4660 Falstaff Ave

City	State	Zip Code
Fremont	CA	94555-2048

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

Name of Employer Occupation Full Time Practice (>30 Hrs/week)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7222806

Amount of Each Receipt this Period  
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Marie C Schweinebraten

Mailing Address 1122 Ascott Valley Dr

City State Zip Code  
Duluth GA 30097-5922

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  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7222807

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr C Christopher McFarland

Mailing Address 1122 Ascott Valley Dr

City State Zip Code  
Duluth GA 30097-5922

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7223298

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Michael E. Biermann

Mailing Address 3529 N Willamette Blvd

City State Zip Code  
Portland OR 97217-5163

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 7223299

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Dr Richard M Kelley

Mailing Address 17509 Irishtown Rd

City State Zip Code  
Emmitsburg MD 21727-9113

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7223300

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jon J Johnston

Mailing Address Univ. Pittsburgh / Dental Med.  
3501 Terrace St - Salk Hall

City State Zip Code  
Pittsburgh PA 15261-0001

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7223301

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Stephen Wayne Robertson

Mailing Address 13 Mulberry Ave

City State Zip Code  
Bowling Green KY 42104-0323

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7223302

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Sally Cram

Mailing Address 7727 Ogden Ct

City Falls Church State VA Zip Code 22043-3322

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: 10 / 16 / 2008

Transaction ID: 7223303

Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Donald C Simpson

Mailing Address 5555 S Shawnee Dr

City Sierra Vista State AZ Zip Code 85650-9639

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

Name of Employer Occupation Parttime Practice (<30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 16 / 2008

Transaction ID: 7223304

Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Susan B Stanton

Mailing Address 3198 Bolero Pass

City Atlanta State GA Zip Code 30341-5765

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

Name of Employer self-employed Occupation dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 16 / 2008

Transaction ID: 7223305

Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr W Carter Brown

Mailing Address 501 Hidden Hills Dr

City Greenville State SC Zip Code 29605-3271

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

Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2008

Transaction ID: 7223306

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr John G Buchanan

Mailing Address 910 Country Club Dr

City Lexington State NC Zip Code 27292-5418

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

Name of Employer self-employed Occupation dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 16 / 2008

Transaction ID: 7223312

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanie Buchanan

Mailing Address 910 Country Club Drive

City Lexington State NC Zip Code 27292-5418

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

Name of Employer self-employed Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2008

Transaction ID: 7223313

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Virginia A Hughson-Otte

Mailing Address 27940 Lost Canyon Rd

City State Zip Code  
Santa Clarita CA 91387-3266

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

Name of Employer self-employed Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 7223318

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Robert J Benke

Mailing Address 1301 27th Ave

City State Zip Code  
Greeley CO 80634-6442

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

Name of Employer Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** 7226563

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Robert James Gherardi

Mailing Address

City State Zip Code

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** 7226569

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Richard S Holba		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 816 Overlook Dr		Transaction ID: 7226572
	City Frankfort	State IL	Zip Code 60423-1052
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
	Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Richard J Rosato		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 29 Coventry Rd		Transaction ID: 7226573
	City Concord	State NH	Zip Code 03301-3027
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupation Full Time Practice (>30 Hrs/week)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Pamela Z Baldassarre		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 56 Oak Dr		Transaction ID: 7228135
	City Bedford	State NH	Zip Code 03110-6032
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupation Full Time Practice (>30 Hrs/week)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Marshall A Baldassarre

Mailing Address 56 Oak Dr

City Bedford State NH Zip Code 03110-6032

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

Name of Employer Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 7228136

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr William J Moore

Mailing Address 13750 Crestview Dr

City Red Bluff State CA Zip Code 96080-9314

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

Name of Employer Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 7228142

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Jeffrey A Baumler

Mailing Address 424 Riverview Dr

City Youngstown State NY Zip Code 14174-1375

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 10 / 17 / 2008

Transaction ID: 7228146

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 123

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)  
Dr Jeffrey D Dow

Mailing Address 385 River Rd

City State Zip Code  
Benton ME 04901-3430

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7229479

Amount of Each Receipt this Period  
500.00

B.

Full Name (Last, First, Middle Initial)  
Dr Roddy N. Feldman

Mailing Address 4254 Green Acres Ct

City State Zip Code  
Fairfield CA 94534-1444

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

Name of Employer Occupation  
No Longer in Practice

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7229481

Amount of Each Receipt this Period  
500.00

C.

Full Name (Last, First, Middle Initial)  
Dr Donald M Schinnerer

Mailing Address 700 Hawthorn Ct

City State Zip Code  
San Ramon CA 94582-5641

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

Name of Employer Occupation  
self-employed Parttime Practice (<30 Hrs/week)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7229482

Amount of Each Receipt this Period  
500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Gordon R Isbell, III

Mailing Address 215 Claremont Dr

City State Zip Code  
Gadsden AL 35901-5701

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7229483

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Michael T Smith

Mailing Address 965 Fawn View Dr

City State Zip Code  
Carmel IN 46032-7763

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7230593

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Dave Clemens

Mailing Address E10191 Pickerel Slough Rd

City State Zip Code  
Wisconsin Dells WI 53965-7910

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7230594

Amount of Each Receipt this Period

200.00

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

900.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr James F Walton, III

Mailing Address 7019 McBride Pt

City State Zip Code  
Tallahassee FL 32312-9666

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 Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID: 7230596**

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 1280 Timberlane Road

City State Zip Code  
Tallahassee FL 32312-1710

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

Name of Employer State of Florida Occupation grants specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID: 7230598**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Krista Marie Jones

Mailing Address 8150 Bald Eagle

City State Zip Code  
Jones OK 73049-3476

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

Name of Employer self-employed Occupation Parttime Practice (<30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID: 7230599**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Norman Kent Rounds

Mailing Address

City State Zip Code  
UT

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7231977

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Jeffrey D Hurst

Mailing Address 1547 Ridge Rd

City State Zip Code  
Chelsea MI 48118-9793

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7231979

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Loren Liebling

Mailing Address Hawaii Dental Association  
1345 South Beretania St., Ste. 301

City State Zip Code  
Honolulu HI 96814

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

Name of Employer Occupation  
Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7232267

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 123
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr David Moore	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 7324 Anton Cir NE	<b>Transaction ID:</b> 7232275
	City State Zip Code Albuquerque NM 87122-3379	Amount of Each Receipt this Period 500.00
	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 ▼ 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Jeane L Schoemaker	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 98 Bachar Dr	<b>Transaction ID:</b> 7232276
	City State Zip Code Fort Morgan CO 80701-9212	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Gary L Roberts	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 9803 Scottwood Dr	<b>Transaction ID:</b> 7232277
	City State Zip Code Shreveport LA 71106-7745	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Dr Jerry D Peterson

Mailing Address PO Box 176

City State Zip Code  
Dillon CO 80435-0176

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

Name of Employer Occupation  
No Longer in Practice

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7232278

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Raymond Mason Maddox

Mailing Address 5817 N Cedar Springs Rd

City State Zip Code  
Muncie IN 47304-5867

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  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7232279

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Donna Kay Maddox

Mailing Address 5817 North Cedar Springs Road

City State Zip Code  
Muncie IN 47304-5867

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

Name of Employer self-employed Occupation  
dental hygienist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7232280

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Michael C Griffiths

Mailing Address 1920 Irving St Ne

City State Zip Code  
Washington DC 20018-2430

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  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7232281

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Ellen M. Griffiths

Mailing Address 3100 20th Street, NE

City State Zip Code  
Washington DC 20018

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7232282

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Jeffery S Jarrell

Mailing Address PO Box 290

City State Zip Code  
Surveyor WV 25932-0290

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7232283

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Dr Dwyte E Brooks

Mailing Address 6125 Laredo St

City State Zip Code  
Las Vegas NV 89146-5246

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: 10 / 17 / 2008  
Transaction ID: 7232288  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sue Brooks

Mailing Address 6125 Laredo Street

City State Zip Code  
Las Vegas NV 89146-5246

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 17 / 2008  
Transaction ID: 7232289  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David Alan Schmid

Mailing Address 237 Brigantine Cir

City State Zip Code  
Norwell MA 02061-2809

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

Name of Employer self-employed dentist Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 17 / 2008  
Transaction ID: 7232290  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Eugene Sekiguchi

Mailing Address 4041 Hampstead Rd

City State Zip Code  
La Canada Flintrid CA 91011-3928

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

Name of Employer self-employed Occupation  
self-employed Parttime Faculty/ Parttime Practice

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7232293

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Perry K Tuneberg

Mailing Address 3761 Fox Pointe

City State Zip Code  
Rockford IL 61114-7072

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7232296

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Keith W Suchy

Mailing Address 2445 Nelson Sq

City State Zip Code  
Westchester IL 60154-5026

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7232297

Amount of Each Receipt this Period

500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Dr Barbara A Rich		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
Mailing Address 2 Kendles Run Rd		<b>Transaction ID:</b> 7232303
City Moorestown	State NJ	Zip Code 08057-3920
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr Phillip J Fijal		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
Mailing Address 918 Lakewood Dr		<b>Transaction ID:</b> 7232304
City Barrington	State IL	Zip Code 60010-4696
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**C.**

Full Name (Last, First, Middle Initial) Dr Lewis Carroll Walker		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
Mailing Address 24621 Harbour View Dr		<b>Transaction ID:</b> 7232313
City Ponte Vedra Beach	State FL	Zip Code 32082-1506
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Self-employed dentist	Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Mary Beth Dunn		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 301 Old Meadow Dr		<b>Transaction ID:</b> 7232314
	City East Amherst	State NY	Zip Code 14051-2406
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr David S Wilbanks		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 200 Thunderbird Drive		<b>Transaction ID:</b> 7232316
	City El Paso	State TX	Zip Code 79912-3904
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Bhagwati Jagdish Mistry		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 11 Beech Ln		<b>Transaction ID:</b> 7232317
	City Tarrytown	State NY	Zip Code 10591-3001
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr H Michael Kaske

Mailing Address 76 Burnette Dr

City State Zip Code  
Antioch IL 60002-2614

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 Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** 7232320

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Fred A Bremner

Mailing Address 27 Touchstone

City State Zip Code  
Lake Oswego OR 97035-1905

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** 7232323

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Jeffrey W Johnston

Mailing Address 3501 Maxwell Ct

City State Zip Code  
Bloomfield MI 48301-2032

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 Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** 7232330

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Norman Vincent Palm

Mailing Address 3030 Bonnell Ave SE

City State Zip Code  
Grand Rapids MI 49506-3134

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID: 7232331**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr William F Martin, III

Mailing Address 211 Winchester Beach Dr

City State Zip Code  
Annapolis MD 21409-5857

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  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID: 7232336**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr R Clarke Stewart

Mailing Address PO Box 1153

City State Zip Code  
Raymond MS 39154-1153

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID: 7232337**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Charles Kenneth Burling

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7232340

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Zelton Gerongous Johnson

Mailing Address 5390 Coral Ridge Dr

City State Zip Code  
Grand Blanc MI 48439-9522

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7232342

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Robert A Coleman

Mailing Address 23067 Frederick St

City State Zip Code  
Farmington MI 48336-3932

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7232343

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Steven J Stoll	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 1525 Rue Reynard	<b>Transaction ID:</b> 7232344
	City State Zip Code Menasha WI 54952-2946	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer self-employed Occupation dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Robert A Shekitka	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address	<b>Transaction ID:</b> 7232350
	City State Zip Code	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer self-employed Occupation dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Eva Fridy Ackley	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 5012 Westshore Dr	<b>Transaction ID:</b> 7232351
	City State Zip Code New Port Richey FL 34652-3042	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-employed dentist Occupation Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary McCue

Mailing Address 2224 Gold Rush Ave

City State Zip Code  
Helena MT 59601-5818

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

Name of Employer Occupation  
Montana Dental Assoc Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2008

**Transaction ID:** 7232353

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Timothy B Durtsche

Mailing Address 411 16th St S

City State Zip Code  
La Crosse WI 54601-4922

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2008

**Transaction ID:** 7232355

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David J Fulton, Sr.

Mailing Address 35091 N Hunt Club Rd

City State Zip Code  
Gurnee IL 60031-2486

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2008

**Transaction ID:** 7232407

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

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

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

FOR LINE NUMBER: PAGE 58 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Dr Arthur Albert Dugoni

Mailing Address 620 Sand Hill Rd  
Apt 207C

City Palo Alto State CA Zip Code 94304-2091

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

Name of Employer self-employed Occupation dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 17 / 2008  
Transaction ID: 7232415  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr W Mark Donald

Mailing Address 5155 Bond Rd

City Louisville State MS Zip Code 39339-8282

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 17 / 2008  
Transaction ID: 7232416  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr James D Stephens

Mailing Address

City State Zip Code

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

Name of Employer Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 17 / 2008  
Transaction ID: 7232417  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr La Juan Hall

Mailing Address 2868 Larkey Ln

City Walnut Creek State CA Zip Code 94597-2443

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

Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 7232420

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr John Floyd Harrington, Jr

Mailing Address 274 Nelson Rd NW

City Milledgeville State GA Zip Code 31061-9787

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

Name of Employer self-employed Occupation dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 7232437

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Douglas B Torbush

Mailing Address 5360 Kanawha Ct

City Stone Mountain State GA Zip Code 30087-2108

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 10 / 17 / 2008

Transaction ID: 7232439

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Debbie Torbush

Mailing Address 1000 Iris Drive

City State Zip Code  
Conyers GA 30094-6632

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

Name of Employer self-employed Occupation  
retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7232440

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Carol M. Wolff

Mailing Address 1646 N Pelham Rd NE

City State Zip Code  
Atlanta GA 30324-5263

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  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7232444

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr W Ken Rich

Mailing Address 111 Humes Ridge Rd

City State Zip Code  
Williamstown KY 41097-9444

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  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** 7232449

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Frank Michael Addabbo

Mailing Address 6102 Ches Ct

City State Zip Code  
Orlando FL 32819-4315

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

Name of Employer Occupation  
Self-employed dentist Dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7232450

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Frederic C Sterritt

Mailing Address 464 S Horizon Way

City State Zip Code  
Branchburg NJ 08853-4026

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

Name of Employer Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7232451

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Arlet R Dunsworth

Mailing Address 6709 Lakewood Blvd

City State Zip Code  
Dallas TX 75214-3750

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

Name of Employer Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 7232453

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Janell Dunsworth

Mailing Address 6709 Lakewood Blvd.

City State Zip Code  
Dallas TX 75214-3750

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

Name of Employer: Dr. Arlet Dunsworth, DDS, MSD, Inc. Occupation: business manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 17 / 2008  
Transaction ID: 7232454  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Janine J Bethea-Freihaut

Mailing Address 5546 Waterford Green Gln

City State Zip Code  
Marietta GA 30068-2930

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: 10 / 17 / 2008  
Transaction ID: 7232456  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Lisa Vouras

Mailing Address 1731 Beacon St Apt 104

City State Zip Code  
Brookline MA 02445-5322

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

Name of Employer: Self-employed dentist Occupation: Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 18 / 2008  
Transaction ID: 7232490  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr David N Matthews

Mailing Address 4319 Hartman Rd

City State Zip Code  
Fort Wayne IN 46807-2546

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

Name of Employer self-employed Occupation dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

**Transaction ID: 7232491**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 99 Summit Rd

City State Zip Code  
Riverside CT 06878-2106

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

**Transaction ID: 7232497**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Frank A Maggio

Mailing Address 35W332 Chateau Dr W

City State Zip Code  
Dundee IL 60118-3111

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 Y  
1 0 / 1 8 / 2 0 0 8

**Transaction ID: 7232504**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 123  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Alan L Felsenfeld

Mailing Address Unit A  
13218 Fiji Way

City Marina Del Rey State CA Zip Code 90292-7067

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

Name of Employer Occupation  
Dental School Faculty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	8

**Transaction ID:** 7232509

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Thomas Danner Pollard

Mailing Address 9138 NW McKenna Dr

City Portland State OR Zip Code 97229-8038

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	8

**Transaction ID:** 7232510

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Mary S Jennings

Mailing Address 17508 SE 257th St

City Covington State WA Zip Code 98042-8367

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	8

**Transaction ID:** 7232512

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Bryan C Edgar

Mailing Address 6411 View St NE

City State Zip Code  
Tacoma WA 98422-1362

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

Name of Employer self-employed Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232521

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Linda J Edgar

Mailing Address 1911 SW Campus Dr

City State Zip Code  
Federal Way WA 98023-6473

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

Name of Employer self-employed Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232522

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Barry A Feder

Mailing Address 18817 Se 42Nd

City State Zip Code  
Issaquah WA 98027

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232527

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Richard James Clark, III

Mailing Address 16 Bayberry Dr

City State Zip Code  
Broomall PA 19008-4413

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232529

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr David M Prator

Mailing Address

City State Zip Code  
AK

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232531

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Teri L Barichello

Mailing Address 0114 SW Abernathy St

City State Zip Code  
Portland OR 97239-4358

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232533

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 123
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Robert T. Ferris		Date of Receipt MM / DD / YYYY 10 / 18 / 2008		
	Mailing Address Apt 9 1100 S Orlando Ave		<b>Transaction ID:</b> 7232534		
	City Maitland	State FL	Zip Code 32751-6475	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed self-employed		Occupation Full Time Practice (>30 Hrs/week)		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Robert M Peskin		Date of Receipt MM / DD / YYYY 10 / 18 / 2008		
	Mailing Address 3 Robin Ln		<b>Transaction ID:</b> 7232536		
	City Plainview	State NY	Zip Code 11803-2216	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed self-employed		Occupation dentist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Jill M Price		Date of Receipt MM / DD / YYYY 10 / 18 / 2008		
	Mailing Address 3630 NW Thurman St		<b>Transaction ID:</b> 7232538		
	City Portland	State OR	Zip Code 97210-1233	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed self-employed		Occupation Full Time Practice (>30 Hrs/week)		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Rickland G Asai

Mailing Address 2640 Orchard Hill Place

City State Zip Code  
Lake Oswego OR 97035-1135

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

Name of Employer self-employed Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232543

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Richard Alex Crinzi

Mailing Address 522 W Lake Sammamish Pkwy SE

City State Zip Code  
Bellevue WA 98008-5212

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

Name of Employer self-employed Occupation  
self-employed Parttime Faculty/ Parttime Practice

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232545

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Dan Gifford Middaugh

Mailing Address 9709 48th Ave NE

City State Zip Code  
Seattle WA 98115-2625

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232546

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Matthew A Niewald

Mailing Address 1209 SW Summit Crossing Dr

City State Zip Code  
Lees Summit MO 64081-3264

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232550

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr James C Catt

Mailing Address 116 Sunrise Ave

City State Zip Code  
Medford OR 97504-7022

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232558

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Debra S Finney

Mailing Address 104 Chenery Ct

City State Zip Code  
Folsom CA 95630-6748

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 7232559

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Neil Nunokawa		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 8
Mailing Address 603 Kiekie Way		<b>Transaction ID:</b> 7232560
City Wailuku	State HI	Zip Code 96793-1524
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr Richard Terry Grubb		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 8
Mailing Address 1212 Washington St		<b>Transaction ID:</b> 7232612
City Wenatchee	State WA	Zip Code 98801-2551
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation Full Time Practice (>30 Hrs/week)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Mrs. Sharen Grubb		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 8
Mailing Address 2010 Edgewood Lane		<b>Transaction ID:</b> 7232613
City Wenatchee	State WA	Zip Code 98801-9122
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation volunteer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Gerald W Bird

Mailing Address 1983 Rockledge Dr

City State Zip Code  
Rockledge FL 32955-4916

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 Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232811

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Jerilyn R. Bird

Mailing Address

City State Zip Code  
FL

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

Name of Employer Occupation  
Drs. Bird & Johnson Oral Surgery office manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232812

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Brad C Morgan

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232815

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr John V Reitz

Mailing Address 81 Flint Ridge Dr

City State Zip Code  
Reading PA 19607-3005

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

Name of Employer self-employed Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232823

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Carol Reitz

Mailing Address 15 Hessian Blvd

City State Zip Code  
Reading PA 19607-9714

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

Name of Employer self-employed Occupation  
self-employed homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232824

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Eleanore Awadalla

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232827

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Arthur Hannigan

Mailing Address 44 Chatham Rd

City State Zip Code  
Harwich MA 02645-3113

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  
1 0 / 1 9 / 2 0 0 8

**Transaction ID: 7232832**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Leslie Hannigan

Mailing Address 44 Chatham Road

City State Zip Code  
Harwich MA 02645-3113

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

Name of Employer Arthur Hannigan, DDS Occupation office manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID: 7232834**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Lee Dale Jess

Mailing Address 30047 Sunny Beach Rd

City State Zip Code  
Grand Rapids MN 55744-4897

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  
1 0 / 1 9 / 2 0 0 8

**Transaction ID: 7232835**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 74 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Mark V Walker

Mailing Address 20725 Snag Island Dr

City State Zip Code  
Lake Tapps WA 98391-8712

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

Name of Employer self-employed Occupation  
self-employed Other Health/Dental Org Staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232836

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Gary K Dubin

Mailing Address 281 Monticello Dr

City State Zip Code  
Branford CT 06405-4180

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232840

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Edward Feinberg

Mailing Address Ste 322  
14 Harwood Ct

City State Zip Code  
Scarsdale NY 10583-4120

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232849

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Deborah S Bishop

Mailing Address 41 Buck Island Pt

City State Zip Code  
Guntersville AL 35976-8416

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

Name of Employer Occupation  
Parttime Practice (<30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

Transaction ID: 7232855

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Howard Richard Gamble

Mailing Address 106 Sherer Ct

City State Zip Code  
Sheffield AL 35660-1727

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

Transaction ID: 7232863

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Mark S Ritz

Mailing Address 314 Shannon Rd

City State Zip Code  
Homerville GA 31634-1606

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  
1 0 / 1 9 / 2 0 0 8

Transaction ID: 7232864

Amount of Each Receipt this Period

500.00

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

1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Kathy Ritz

Mailing Address PO Box 476

City

Homerville

State

GA

Zip Code

31634-0476

FEC ID number of contributing federal political committee.

C

Name of Employer  
State of Georgia

Occupation  
program specialist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

Transaction ID: 7232865

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Edward J Green

Mailing Address 2105 Beattie Rd

City

Albany

State

GA

Zip Code

31721-2101

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  
1 0 / 1 9 / 2 0 0 8

Transaction ID: 7232866

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Merle A Nunemaker

Mailing Address 2504 SW Winteroak Cir

City

Lees Summit

State

MO

Zip Code

64081-2578

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

Transaction ID: 7232868

Amount of Each Receipt this Period

500.00

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

950.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Gregory A Lacy

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232869

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Gary M LeMarr

Mailing Address 1645 Skyline Dr

City State Zip Code  
Soda Springs ID 83276-5538

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232884

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Dennis W Hobby

Mailing Address 7667 E Grayson Rd

City State Zip Code  
Hughson CA 95326-9775

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232885

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Judee Tippett-Whyte

Mailing Address 2489 Stony Creek Cir

City State Zip Code  
Acampo CA 95220-9564

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

Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2008

**Transaction ID: 7232886**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Carl H Kobayashi

Mailing Address 3741 Lower Honoapiilani Rd

City State Zip Code  
Lahaina HI 96761-9311

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2008

**Transaction ID: 7232887**

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Gary T Umeda

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2008

**Transaction ID: 7232892**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 79 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Randall G Hancock

Mailing Address 115 Aspen Grove Dr W

City State Zip Code  
Evanston WY 82930-4735

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232893

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Kevin D Sessa

Mailing Address 682 W Hickory St

City State Zip Code  
Louisville CO 80027-1055

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232895

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David L Roberts

Mailing Address 13730 Creekside PI

City State Zip Code  
Dallas TX 75240-3550

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 8

**Transaction ID:** 7232896

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Dr Robert M. Brandjord

Mailing Address 9389 Libby Ln

City State Zip Code  
Eden Prairie MN 55347-4282

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  
MM / DD / YYYY  
10 / 19 / 2008

**Transaction ID:** 7232904

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Curtis R Johnson

Mailing Address 140 Juniper St

City State Zip Code  
Scotland SD 57059-2115

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2008

**Transaction ID:** 7232905

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Paul S Kudyba, Jr

Mailing Address 3636 Ivy Ridge Ct

City State Zip Code  
Buford GA 30519-8030

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

Name of Employer Self-employed dentist Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2008

**Transaction ID:** 7243301

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Reneida Reyes

Mailing Address 104 Park Pl

City State Zip Code  
Brooklyn NY 11217-3303

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7243521

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr William J Heimann

Mailing Address 7535 N 22nd Pl

City State Zip Code  
Phoenix AZ 85020-4710

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

Name of Employer Self-employed dentist 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 Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7243532

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Carol Cooke

Mailing Address

City State Zip Code  
MO

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

Name of Employer Southwest Endodontics Occupation human resources representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7243549

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Richard Arthur Simms	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 29654 Highpoint Rd	<b>Transaction ID:</b> 7243738
	City Rancho Palos Verde State CA Zip Code 90275-6428	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self-employed Occupation Parttime Faculty/ Parttime Practice Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr M Alec Parker	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 3333 Sunstone Drive	<b>Transaction ID:</b> 7243740
	City Cary State NC Zip Code 27519-4444	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Russell I Webb	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 1058 Truchard Ln	<b>Transaction ID:</b> 7243742
	City Lincoln State CA Zip Code 95648-8129	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 83 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Kathi Webb

Mailing Address 1058 Truchard Lane

City Lincoln State CA Zip Code 95648-8129

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

Name of Employer self-employed Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2008  
Transaction ID: 7243743  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Kenneth J Versman

Mailing Address 5144 S Jamaica Way

City Greenwood Village State CO Zip Code 80111-3838

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

Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 20 / 2008  
Transaction ID: 7243744  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr D Douglas Cassat

Mailing Address 10035 Rue Chantemar

City San Diego State CA Zip Code 92131-2271

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

Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 20 / 2008  
Transaction ID: 7243746  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Gary S Davis

Mailing Address 113 S Queen St  
Office Fax 717-532-7679

City Shippensburg State PA Zip Code 17257-2011

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

**Transaction ID:** 7243767

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Michael R Breault

Mailing Address 1204 Fernwood Dr

City Schenectady State NY Zip Code 12309-2618

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

Name of Employer self-employed Occupation dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

**Transaction ID:** 7243770

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Robert Joseph Doherty

Mailing Address 8 Oxford Rd

City White Plains State NY Zip Code 10605-3603

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

**Transaction ID:** 7243771

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Dexter Edward Barnes

Mailing Address 2520 Westmont Way W

City State Zip Code  
Seattle WA 98199-3720

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

Name of Employer self-employed Occupation  
Parttime Practice (<30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

**Transaction ID:** 7243782

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr James L Schmidt

Mailing Address PO Box 665  
69 Nobis Point

City State Zip Code  
Readfield ME 04355-0665

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

Name of Employer Self-Employed Dentist 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  
1 0 / 2 0 / 2 0 0 8

**Transaction ID:** 7243786

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David K Okano

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

**Transaction ID:** 7243787

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 86 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Ryan Samuel Lebster

Mailing Address 1103 Jill Louise Ct

City State Zip Code  
Holland MI 49424-5322

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

Name of Employer self-employed Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2008

**Transaction ID:** 7243788

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Amid Ibrahim Ismail

Mailing Address

City State Zip Code  
PA

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

Name of Employer self-employed Occupation  
Self-employed dentist Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2008

**Transaction ID:** 7246123

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Frank L Higginbottom

Mailing Address 3632 Lovers Ln

City State Zip Code  
Dallas TX 75225-7423

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2008

**Transaction ID:** 7250822

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 87 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

**A.** Full Name (Last, First, Middle Initial)  
Dr Amos David May

Mailing Address 2701 Woodlake Dr

City State Zip Code  
Abilene TX 79606-4305

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 Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7250823

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Patricia L Blanton

Mailing Address 4666 Fairfax Ave

City State Zip Code  
Dallas TX 75209-6012

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 Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7250824

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Thomas C Harrison

Mailing Address 726 Cascet Ct

City State Zip Code  
Katy TX 77450-2003

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7250825

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Richard Mark Peppard

Mailing Address 4210 Dauphine Dr

City Austin State TX Zip Code 78727-5329

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 10 / 31 / 2008

Transaction ID: 7250827

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Janie Peppard

Mailing Address 9415 Burnet Rd Ste 105

City Austin State TX Zip Code 78758-5255

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

Name of Employer Dr. Richard Peppard Occupation executive assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2008

Transaction ID: 7250828

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Paul Glen Davis, Jr

Mailing Address 2516 Oak Brook Dr.

City Bedford State TX Zip Code 76021-7223

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2008

Transaction ID: 7250829

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 89 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Lee P Oneacre

Mailing Address 4946 Briarwood Pl

City State Zip Code  
Dallas TX 75209-2004

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: 10 / 31 / 2008  
Transaction ID: 7250830  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr James Wesley Chancellor

Mailing Address

City State Zip Code

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

Name of Employer Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 31 / 2008  
Transaction ID: 7250845  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Ronald Lee Rhea

Mailing Address 1210 Villmont Ln

City State Zip Code  
Houston TX 77077-2613

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

Name of Employer Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 10 / 31 / 2008  
Transaction ID: 7250846  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr David C Woodburn

Mailing Address

City State Zip Code

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7250848

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr James D Condrey

Mailing Address 3939 Pleasant Valley Dr

City State Zip Code  
Missouri City TX 77459-4113

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7250849

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Glen David Hall

Mailing Address 5073 Sue Lookout

City State Zip Code  
Abilene TX 79606-3642

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7250850

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Don A Lutes

Mailing Address 1303 E 1st St

City State Zip Code  
Mount Pleasant TX 75455-4713

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

Name of Employer Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID: 7250851**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Dan P Mc Cauley

Mailing Address 1403 S Florey Ave

City State Zip Code  
Mount Pleasant TX 75455-5813

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID: 7250852**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Karen E Frazer

Mailing Address 2606 Pickwick Ln

City State Zip Code  
Austin TX 78746-5625

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID: 7250855**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Carolyn B Walker		Date of Receipt
	Mailing Address 8407 Grapevine Pass		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Antonio	TX	78255-2263
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 7250857
Name of Employer		Occupation	Amount of Each Receipt this Period
		Full Time Practice (>30 Hrs/week)	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr John Mason		Date of Receipt
	Mailing Address 6805 Crosstimbers Dr		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Corpus Christi	TX	78413-2416
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 7250859
Name of Employer		Occupation	Amount of Each Receipt this Period
		Full Time Practice (>30 Hrs/week)	<input type="text" value="300.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Hilton Israelson		Date of Receipt
	Mailing Address 5923 Oakcrest Rd		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dallas	TX	75248-3850
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 7250861
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
		Full Time Practice (>30 Hrs/week)	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Linda C Niessen

Mailing Address 3549 Haynie Ave

City State Zip Code  
Dallas TX 75205-1219

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

Name of Employer self-employed Occupation  
self-employed Full Time Practice (>30 Hrs/week)

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 7250862

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Robert A Hersh

Mailing Address

City State Zip Code

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 7254000

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Roger W Triftshauser

Mailing Address 63 Ellicott Ave

City State Zip Code  
Batavia NY 14020-2028

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

Name of Employer self-employed Occupation  
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 7254010

Amount of Each Receipt this Period

1000.00

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

2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 S Jerry Long

Mailing Address 4515 Diamond Springs Dr

City Missouri City State TX Zip Code 77459-6323

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 ▼ 300.00

Date of Receipt 10 / 31 / 2008

Transaction ID: 7254011

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jeanne M. Nicolette

Mailing Address 7814 Calverton Sq

City New Albany State OH Zip Code 43054-9340

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

Name of Employer Self-employed dentist Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2008

Transaction ID: 7254012

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Joseph H Schulz

Mailing Address 8 Starview Dr

City Oakland State CA Zip Code 94618-2329

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

Name of Employer Self-employed dentist Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2008

Transaction ID: 7254013

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Murray Sykes

Mailing Address 10701 Gloxinia Dr

City State Zip Code  
Rockville MD 20852-3405

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 Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7254014

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Steven Michael Bruce

Mailing Address 9600 W Pebble Brook Ln

City State Zip Code  
Boise ID 83714-1764

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 Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7254015

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Dominic Joseph Niccoli

Mailing Address 8421 La Bajada Ave

City State Zip Code  
Whittier CA 90605-1212

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

Name of Employer Self-employed dentist 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 Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7254016

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 123  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr William Glecos

Mailing Address

City State Zip Code

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 ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7254017

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Scott A Roberson

Mailing Address 681 E Red Rd

City State Zip Code  
Independence MO 64055-1736

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7254018

Amount of Each Receipt this Period  
750.00

**C.**

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

Mailing Address 42890 Steepleview St

City State Zip Code  
Northville MI 48168-2077

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 7254022

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Larry W Nissen		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 2424 Willowbrook Rd		<b>Transaction ID:</b> 7254024
City Merritt Island	State FL	Zip Code 32952-4143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Full Time Practice (>30 Hrs/week) Aggregate Year-to-Date ▼ 750.00	

**B.**

Full Name (Last, First, Middle Initial) Dr Theodore R Pope		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 573 W David Pkwy		<b>Transaction ID:</b> 7254025
City Kettering	State OH	Zip Code 45429-1977
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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	

**C.**

Full Name (Last, First, Middle Initial) Dr B Scott Eder		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 1334 Morningside Dr		<b>Transaction ID:</b> 7254026
City Charleston	State WV	Zip Code 25314-1958
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Full Time Practice (>30 Hrs/week) Aggregate Year-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)  
Dr Paul A Gosar

Mailing Address PO Box 201

City State Zip Code  
Pinedale WY 82941-0201

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  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 7254027

Amount of Each Receipt this Period  
500.00

B.

Full Name (Last, First, Middle Initial)  
Dr Daniel J Klemmedson

Mailing Address 4501 N Paseo Imuris

City State Zip Code  
Tucson AZ 85750-1710

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

Name of Employer self-employed Occupation  
Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 7254028

Amount of Each Receipt this Period  
500.00

C.

Full Name (Last, First, Middle Initial)  
Dr Tatiana Barton

Mailing Address 2539 Bedford St  
Apt 38L

City State Zip Code  
Stamford CT 06905-3941

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

Name of Employer Self-employed dentist Occupation  
Dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 7254029

Amount of Each Receipt this Period  
300.00

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

1300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr James R Dumas, Jr	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address	<b>Transaction ID:</b> 7254030
	City State Zip Code MS	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-employed dentist Occupation Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Kerry K Carney	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 155 E O St	<b>Transaction ID:</b> 7254031
	City State Zip Code Benicia CA 94510-2729	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-employed dentist Occupation Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr John F Ricciani	Date of Receipt MM / DD / YYYY 11 / 14 / 2008
	Mailing Address 51 Minuteman Cir	<b>Transaction ID:</b> 7257761
	City State Zip Code Allentown NJ 08501-1858	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-employed dentist Occupation Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 123
	<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

**A.**

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

Mailing Address 42890 Steepleview Street

City Northville State MI Zip Code 48168-2077

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

Name of Employer United States Government Occupation federal worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2008

Transaction ID: 7495747

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Michael T Smith

Mailing Address 965 Fawn View Dr

City Carmel State IN Zip Code 46032-7763

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 14 / 2008

Transaction ID: 7539814

Amount of Each Receipt this Period 0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$20-0.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr W Carter Brown

Mailing Address 501 Hidden Hills Dr

City Greenville State SC Zip Code 29605-3271

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

Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 14 / 2008

Transaction ID: 7539815

Amount of Each Receipt this Period 0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.-00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	120100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 123
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address PO Box 2918		<b>Transaction ID:</b> 7254045
	City Raleigh	State NC	Zip Code 27602
	FEC ID number of contributing federal political committee. <b>C</b> C00369140		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	Contribution Refund-Excessive Contribution in 2008
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) 2008 Senator's Classic Committee		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 228 S. Washington St. Suite 115		<b>Transaction ID:</b> 7254057
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
	Name of Employer	Occupation	Refund of Contribution-Lamar Alexander (\$1,000) and Jeff Sessions (\$2,000)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

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

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

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

FOR LINE NUMBER: PAGE 102 / 123  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
New Jersey Dental PAC

Mailing Address One Dental Plaza  
PO Box 6020

City State Zip Code  
North Brunswick NJ 08902

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 8

Transaction ID: 7254046

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 123  
(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"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1873.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: 7495173

Amount of Each Receipt this Period

84.82

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	84.82
<b>TOTAL</b> This Period (last page this line number only) .....	▶	84.82

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Waters for office</p> <p>Mailing Address 10124 South Broadway Suite 1</p> <p>City Los Angeles State CA Zip Code 90003</p> <p>Purpose of Disbursement Void - Waters for office-check not received by Dr. Lebovics</p> <p>Candidate Name Maxine Waters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 35</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7243180 <b>Date of Disbursement</b> 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p> <p>Void - Waters for office-check not received by Dr. Lebovics</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Waters for office</p> <p>Mailing Address 10124 South Broadway Suite 1</p> <p>City Los Angeles State CA Zip Code 90003</p> <p>Purpose of Disbursement Check sent to Dr. Irving Lebovics</p> <p>Candidate Name Maxine Waters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 35</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7243181 <b>Date of Disbursement</b> 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Irving Lebovics</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Check sent to Dr. W Ken Rich</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7243182 <b>Date of Disbursement</b> 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. W Ken Rich</p>

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

2500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 105 / 123

<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

A.

Full Name (Last, First, Middle Initial)  
Latham For Congress

Mailing Address P.O. Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement  
Check sent to Robert Brinton

Candidate Name  
Rep. Thomas P. Latham

Office Sought:  House  
 Senate  
 President

State: IA District: 04

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7243183  
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

2000.00

Check sent to Robert Brinton

B.

Full Name (Last, First, Middle Initial)  
Coble For Congress

Mailing Address PO Box 1177

City Greensboro State NC Zip Code 27402

Purpose of Disbursement  
Check sent to Dr. John Olmsted

Candidate Name  
Rep. Howard Coble

Office Sought:  House  
 Senate  
 President

State: NC District: 06

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7243187  
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1500.00

Check sent to Dr. John Olmsted

C.

Full Name (Last, First, Middle Initial)  
Chambliss For Senate

Mailing Address Post Office Box 12469

City Atlanta State GA Zip Code 30355

Purpose of Disbursement  
Check sent to Campaign per Georgia Dental Association

Candidate Name  
Saxby Chambliss

Office Sought:  House  
 Senate  
 President

State: GA District: 01

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7243188  
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

4500.00

Check sent to Campaign per Georgia Dental Association

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

8000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peterson For Congress</p> <p>Mailing Address 26192 Floyd Lake Point Road</p> <p>City Detroit Lakes State MN Zip Code 56501</p> <p>Purpose of Disbursement Check sent to Dr. James Zenk</p> <p>Candidate Name Rep. Collin C. Peterson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7243190 <b>Date of Disbursement</b> 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. James Zenk</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Majority Fund 2008</p> <p>Mailing Address 228 S Washington St. Suite</p> <p>City Alexandria State VA Zip Code</p> <p>Purpose of Disbursement Check sent to Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7243727 <b>Date of Disbursement</b> 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>011 Category/ Type</p> <p>Check sent to Committee</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Northstar Leadership PAC</p> <p>Mailing Address PO Box 28754</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Check sent to PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7243728 <b>Date of Disbursement</b> 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to PAC</p>

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

17000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address PO Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement Check sent to Dr. John Kokai</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7243729 <b>Date of Disbursement</b> 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. John Kokai</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Com To Re-Elect Cong. Chris Smith</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Check sent to Campaign for event 10/06/2008</p> <p>Candidate Name Christopher Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7243730 <b>Date of Disbursement</b> 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event 10/06/2008</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Silk PAC</p> <p>Mailing Address PO Box 286</p> <p>City Caldwell State NJ Zip Code 07006</p> <p>Purpose of Disbursement Check sent to PAC for event 0922/2008-attended by Dr. Perle and Dr. Blum</p> <p>Candidate Name Silk PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7243731 <b>Date of Disbursement</b> 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to PAC for event 0922/2008-attended by Dr. Perle and Dr. Blum</p>

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

6500.00

**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)

PAGE 108 / 123

<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

**A.** Full Name (Last, First, Middle Initial)  
Champions of American Freedom PAC

Mailing Address 228 S Washington St.  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Check sent to PAC per Kathleen Ford

Candidate Name  
Champions of American Freedom PAC

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 7243733  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

Check sent to PAC per Kathleen Ford

**B.** Full Name (Last, First, Middle Initial)  
Citizens For Eleanor Holmes Norton

Mailing Address 2201 Wisconsin Avenue Nw  
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Check sent to Campaign

Candidate Name  
Rep. Eleanor Holmes Norton

Office Sought:  House  Senate  President  
State: DC District: 01

Disbursement For: 2007  Primary  General  Other (specify) ▼

Transaction ID: 7243734  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

Check sent to Campaign

**C.** Full Name (Last, First, Middle Initial)  
Jay Love for Congress

Mailing Address PO Box 3221

City Montgomery State AL Zip Code 36109

Purpose of Disbursement  
Check sent to Wayne McMahan

Candidate Name  
Jay Love

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

Disbursement For: 2008  Primary  General  Other (specify) ▼  
Runoff2008

Transaction ID: 7243736  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

Check sent to Wayne McMahan

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A.** Full Name (Last, First, Middle Initial)  
Bob Etheridge For Congress Committee

Mailing Address Post Office Box 28001  
PO Box 28001

City Raleigh State NC Zip Code 27611

Purpose of Disbursement  
Check sent to Campaign per Dr. Gary Oyster

Candidate Name  
Rep. Bob Etheridge

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

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7246125  
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

500.00

Check sent to Campaign per  
Dr. Gary Oyster

**B.** Full Name (Last, First, Middle Initial)  
Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement  
Check sent to Dave Owsiany

Candidate Name  
Marcia Fudge

Office Sought:  House  
 Senate  
 President  
State: OH District: 11

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7246126  
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

5000.00

Check sent to Dave Owsiany

**C.** Full Name (Last, First, Middle Initial)  
Gerry Connolly For Congress

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement  
Check sent to Dr. Jim Snyder

Candidate Name  
Gerry Connolly

Office Sought:  House  
 Senate  
 President  
State: VA District: 11

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7246128  
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

5000.00

Check sent to Dr. Jim Snyder

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

10500.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Jeff Fortenberry for Congress Mailing Address 1620 N Street City Lincoln State NE Zip Code 68508 Purpose of Disbursement Void - Jeff Fortenberry for Congress-check found by campaign in October 2008 Candidate Name Jeffrey Fortenberry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7246133 Date of Disbursement 10 / 27 / 2008 Amount of Each Disbursement this Period -2500.00 Void - Jeff Fortenberry for Congress-check found by campaign in October 20-08
	Category/Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Jeff Fortenberry for Congress Mailing Address 1620 N Street City Lincoln State NE Zip Code 68508 Purpose of Disbursement Check sent to Campaign-re-issue of voided check #10613 Candidate Name Jeffrey Fortenberry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7246135 Date of Disbursement 10 / 27 / 2008 Amount of Each Disbursement this Period 2500.00 Check sent to Campaign-re-issue of voided check #10-613
	Category/Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Leadership for America's Future Mailing Address 228 S. Washington St. Suite 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Check sent to PAC Candidate Name Leadership for America's Future 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) ▼	Transaction ID: 7246136 Date of Disbursement 10 / 27 / 2008 Amount of Each Disbursement this Period 2000.00 Check sent to PAC
	Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Hawkeye PAC  Mailing Address PO Box 7255  City Des Moines State IA Zip Code 50309  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> 7246137 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00
	Check sent to PAC		
<b>B.</b>	Full Name (Last, First, Middle Initial) Hayes For Congress  Mailing Address Post Office Box 2000  City Concord State NC Zip Code 28026  Purpose of Disbursement Check sent to Dr. Daniel Johnson Candidate Name Rep. Robin Hayes  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08  Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 7246154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 1500.00
	Check sent to Dr. Daniel Johnson		
<b>C.</b>	Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Comm.  Mailing Address c/o Bruce Lawrence PO Box 366  City Fairport State NY Zip Code 14450  Purpose of Disbursement Sent to Dr. Chaddock Candidate Name Louise Slaughter  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28  Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 7246270 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00
	Sent to Dr. Chaddock		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Baker For Congress</p> <p>Mailing Address PO Box 312</p> <p>City Columbia State MO Zip Code 65205</p> <p>Purpose of Disbursement Check sent to Aaron Washburn</p> <p>Candidate Name Judith Baker</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 09</p>	<p>Transaction ID: 7247793</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Aaron Washburn</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SHORE PAC</p> <p>Mailing Address PO Box 3157 495 Broadway</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name SHORE PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7247794</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bill Cassidy For Congress</p> <p>Mailing Address 3482 Drusilla Lane Suite 1</p> <p>City Baton Rouge State LA Zip Code 70809</p> <p>Purpose of Disbursement Check sent to Dr. William Hadlock</p> <p>Candidate Name Mr. William Cassidy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2008</p>	<p>Transaction ID: 7249987</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. William Hadlock</p>

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

12500.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress  Mailing Address PO Box 3917  City La Mesa State CA Zip Code 91944  Purpose of Disbursement Check sent to Dr. Budd Rubin  Candidate Name Mr. Duncan D. Hunter  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52  Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7249996 Date of Disbursement 10 / 30 / 2008  Amount of Each Disbursement this Period 1000.00  Check sent to Dr. Budd Rubin
<b>B.</b>	Full Name (Last, First, Middle Initial) Keystone Fund  Mailing Address 607 14th St. NW Suite 800W  City Washington State DC Zip Code 20005  Purpose of Disbursement Check sent to Dr. Edmund Effort  Candidate Name Keystone Fund  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) ▼	Transaction ID: 7250000 Date of Disbursement 10 / 30 / 2008  Amount of Each Disbursement this Period 5000.00  Check sent to Dr. Edmund Effort
<b>C.</b>	Full Name (Last, First, Middle Initial) Hawkeye PAC  Mailing Address PO Box 7255  City Des Moines State IA Zip Code 50309  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) ▼	Transaction ID: 7250001 Date of Disbursement 10 / 30 / 2008  Amount of Each Disbursement this Period 3000.00  Check sent to PAC

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<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

A.	Full Name (Last, First, Middle Initial) <b>DAKPAC</b>	<b>Transaction ID:</b> 7250002 Date of Disbursement 10 / 30 / 2008	
	Mailing Address 607 14th St. NW Suite 800		
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Check sent to PAC-Judy Sherman attended event 10/01/2008	011 Category/ Type	
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Check sent to PAC-Judy Sherman attended event 10/0-1/2008	
B.	Full Name (Last, First, Middle Initial) <b>Rangel For Congress</b>	<b>Transaction ID:</b> 7250003 Date of Disbursement 10 / 30 / 2008	
	Mailing Address PO Box 5577 Manhattanville Sta		
	City New York State NY Zip Code 10027	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Check sent to Campaign	011 Category/ Type	
	Candidate Name Rep. Charles B. Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 15	Check sent to Campaign	
C.	Full Name (Last, First, Middle Initial) <b>Susan Davis For Congress</b>	<b>Transaction ID:</b> 7250004 Date of Disbursement 10 / 30 / 2008	
	Mailing Address 144 West D St		
	City Encinitas State CA Zip Code 92024	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Check sent to Campaign	011 Category/ Type	
	Candidate Name Rep. Susan A. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 53	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)

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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.</b> Full Name (Last, First, Middle Initial) Meeks for Congress Mailing Address 219-10 South Conduit Avenue 219-10 South Conduit Avenue City Springfield Garden State NY Zip Code 11413 Purpose of Disbursement Check sent to Campaign Candidate Name Gregory Meeks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7250005 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 2000.00 Check sent to Campaign
	Category/ Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Tim Bishop For Congress Mailing Address PO Box 437 City Farmingville State NY Zip Code 11738 Purpose of Disbursement Check sent to Dr. Alan Mazer Candidate Name Rep. Timothy Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7250006 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 3000.00 Check sent to Dr. Alan Mazer
	Category/ Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Meeks for Congress Mailing Address 219-10 South Conduit Avenue 219-10 South Conduit Avenue City Springfield Garden State NY Zip Code 11413 Purpose of Disbursement Void - Meeks for Congress-check lost by campaign, returned to ADPAC Nov. 2, 2008 and re-issued Candidate Name Gregory Meeks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7253758 Date of Disbursement 11 / 03 / 2008 Amount of Each Disbursement this Period -2000.00 Void - Meeks for Congress-check lost by campaign, returned to ADPAC Nov. 2, 2008 and re-issued
	Category/ Type 011

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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.</b> Full Name (Last, First, Middle Initial) Upton For All Of Us</p> <p>Mailing Address P.O. Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement Check sent to Campaign-Jane Grover attended event 11/02/08</p> <p>Candidate Name Rep. Fred Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7253766 <b>Date of Disbursement</b> 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign-Jane Grover attended event 11/02/08</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) National Leadership PAC</p> <p>Mailing Address PO Box 5577 Manhattan Station</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement Check sent to Dr. Chester Redhead</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7253770 <b>Date of Disbursement</b> 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check sent to Dr. Chester Redhead</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Chambliss For Senate</p> <p>Mailing Address Post Office Box 12469</p> <p>City Atlanta State GA Zip Code 30355</p> <p>Purpose of Disbursement Check sent to Dr. Gordon Austin for 2008 Run-Off Election</p> <p>Candidate Name Saxby Chambliss</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US Other</p>	<p><b>Transaction ID:</b> 7257785 <b>Date of Disbursement</b> 11 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Dr. Gordon Austin for 2008 Run-Off Election</p>

**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

A.	Full Name (Last, First, Middle Initial) Peters For Congress	Transaction ID: 7268925 Date of Disbursement 11 / 11 / 2008
	Mailing Address PO Box 226	Amount of Each Disbursement this Period 5000.00
	City Bloomfield Hills State MI Zip Code 48303	
	Purpose of Disbursement Debt Retirement check sent to Mr. Kris Nicholoff	011 Category/ Type
	Candidate Name Mr. Gary Peters	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US Other Debt
		Debt Retirement check sent to Mr. Kris Nicholoff

B.	Full Name (Last, First, Middle Initial) Schauer For Congress	Transaction ID: 7268926 Date of Disbursement 11 / 11 / 2008
	Mailing Address PO Box 100	Amount of Each Disbursement this Period 5000.00
	City Battle Creek State MI Zip Code 49016	
	Purpose of Disbursement Debt Retirement check sent to Mr. Kris Nicholoff	011 Category/ Type
	Candidate Name Mark Schauer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US Other Debt
		Debt Retirement check sent to Mr. Kris Nicholoff

C.	Full Name (Last, First, Middle Initial) Eric PAC	Transaction ID: 7327459 Date of Disbursement 11 / 12 / 2008
	Mailing Address 209 Pennsylvania Avenue, SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Check sent to Dr. Terry Dickinson	011 Category/ Type
	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. Terry Dickinson

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Coleman For Senate 08</p> <p>Mailing Address 7300 Hudson Blvd Suite 270a</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement 2008 Recount-Check sent to Dr. John Nei</p> <p>Candidate Name Sen. Norm Coleman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US Other</p>	<p><b>Transaction ID:</b> 7327460 <b>Date of Disbursement</b> 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2008 Recount-Check sent to Dr. John Nei</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lummis For Congress</p> <p>Mailing Address 2015 Central Ave Suite 200</p> <p>City Cheyenne State WY Zip Code 82001</p> <p>Purpose of Disbursement Debt Retirement 2008-Check sent to Dr. John Roussalis</p> <p>Candidate Name Mr. Cynthia Lummis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US Other Debt</p>	<p><b>Transaction ID:</b> 7327461 <b>Date of Disbursement</b> 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Debt Retirement 2008-Check sent to Dr. John Roussalis</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Rogers For Congress</p> <p>Mailing Address 123 East 13th Street</p> <p>City Anniston State AL Zip Code 36201</p> <p>Purpose of Disbursement Debt Retirement 2008-Check sent to Wayne McMahan</p> <p>Candidate Name Rep. Michael D. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US Other Debt</p>	<p><b>Transaction ID:</b> 7494298 <b>Date of Disbursement</b> 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Debt Retirement 2008-Check sent to Wayne McMahan</p>

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

6500.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) People For Patty Murray US Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98199</p> <p>Purpose of Disbursement Check sent to Dr. Doug Walsh for event 12/01/08</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7494299 <b>Date of Disbursement</b> 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Doug Walsh for event 12/01/08</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Chris Dodd</p> <p>Mailing Address PO Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement Check delivered by CT dentists at event 11/17/08 in DC</p> <p>Candidate Name Sen. Christopher J. Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7494300 <b>Date of Disbursement</b> 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered by CT dentists at event 11/17/08 in DC</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Titus For Congress</p> <p>Mailing Address 1637 Travois Circle</p> <p>City Las Vegas State NV Zip Code 89119</p> <p>Purpose of Disbursement Debt Retirement 2008-Check sent to Dr. Robert Talley</p> <p>Candidate Name Dina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US Other Debt</p>	<p><b>Transaction ID:</b> 7494301 <b>Date of Disbursement</b> 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Debt Retirement 2008-Check sent to Dr. Robert Talley</p>

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

11000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hagan Senate Committee Inc</p> <p>Mailing Address PO Box 29103</p> <p>City Greensboro State NC Zip Code 27429</p> <p>Purpose of Disbursement Debt Retirement 2008-Check sent to Dr. Gary Oyster</p> <p>Candidate Name Kay Hagan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US Other Debt</p>	<p><b>Transaction ID:</b> 7496289 <b>Date of Disbursement</b> 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Debt Retirement 2008-Check sent to Dr. Gary Oyster</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kissell For Congress</p> <p>Mailing Address P.O. Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement Debt Retirement 2008-Check sent to Dr. Gary Oyster</p> <p>Candidate Name Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US Other Debt</p>	<p><b>Transaction ID:</b> 7496290 <b>Date of Disbursement</b> 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Debt Retirement 2008-Check sent to Dr. Gary Oyster</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeff Merkley For Oregon</p> <p>Mailing Address PO Box 29136</p> <p>City Portland State OR Zip Code 97296</p> <p>Purpose of Disbursement Debt Retirement 2008-Check sent to Dr. Richard Garfinkle</p> <p>Candidate Name Mr. Jeffrey Merkley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 US Other Debt</p>	<p><b>Transaction ID:</b> 7496292 <b>Date of Disbursement</b> 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Debt Retirement 2008-Check sent to Dr. Richard Garfinkle</p>

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Marion Berry For Congress <hr/> Mailing Address P.O. Box 8084 <hr/> City Jonesboro State AR Zip Code 72403 <hr/> Purpose of Disbursement Check sent to Dr. Alan Ainley Candidate Name Rep. Marion Berry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7496293 Date of Disbursement 11 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 3000.00 <hr/> Check sent to Dr. Alan Ainley
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Salazar For Senate <hr/> Mailing Address PO Box 600 <hr/> City Denver State CO Zip Code 80201 <hr/> Purpose of Disbursement Check sent to Dr. Rhett Murray Candidate Name Sen. Ken L. Salazar <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7496294 Date of Disbursement 11 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Check sent to Dr. Rhett Murray
	Category/Type 011

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

4000.00

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

145000.00

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

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

FOR LINE NUMBER:  
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<input 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 checked="" 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.</b> Full Name (Last, First, Middle Initial) Dr W Carter Brown <hr/> Mailing Address 501 Hidden Hills Dr <hr/> City Greenville State SC Zip Code 29605-3271 <hr/> Purpose of Disbursement refund of Capital Elite membership from Batch 000054 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7495010 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00 <hr/> refund of Capital Elite membership from Batch 000-054
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Michael T Smith <hr/> Mailing Address 965 Fawn View Dr <hr/> City Carmel State IN Zip Code 46032-7763 <hr/> Purpose of Disbursement refund of Capital Club membership from Batch 000054 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7495016 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00 <hr/> refund of Capital Club membership from Batch 000054

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

700.00

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

700.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 123

<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

A.

Full Name (Last, First, Middle Initial)

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: 7495172

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

846.29

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

846.29

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

846.29