



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**American Dental Association Independent Expenditures Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="6045.64"/>	<input type="text" value="6045.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6045.64"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="93000.00"/>	<input type="text" value="93000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="99045.64"/>	<input type="text" value="99045.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92313.00"/>	<input type="text" value="92313.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6732.64"/>	<input type="text" value="6732.64"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Dental Association Independent Expenditures Committee**

Report Covering the Period: From:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(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) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	93000.00	93000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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 Transfers (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))..... ▶	93000.00	93000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	93000.00	93000.00

**DETAILED SUMMARY PAGE**

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	51.00	51.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	51.00	51.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	92262.00	92262.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	92313.00	92313.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92313.00	92313.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	51.00	51.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	51.00	51.00

**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 6 OF 8
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Association Independent Expenditures Committee**

Full Name (Last, First, Middle Initial)  
**A. American Dental Association Political Action Committee Education Fund**

Mailing Address 1111 14th Street, NW, #1100

City Washington	State DC	Zip Code 20005-5627
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FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

**Transaction ID : A2735B16F044F400CBB0**

Amount of Each Receipt this Period  
25000.00

Transfer for IE Disbursements

Full Name (Last, First, Middle Initial)  
**B. American Dental Association Political Action Committee Education Fund**

Mailing Address 1111 14th Street, NW, #1100

City Washington	State DC	Zip Code 20005-5627
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FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

**Transaction ID : AF74FF8EAF9454C22AEF**

Amount of Each Receipt this Period  
25000.00

Transfer for IE Disbursements

Full Name (Last, First, Middle Initial)  
**C. American Dental Association Political Action Committee Education Fund**

Mailing Address 1111 14th Street, NW, #1100

City Washington	State DC	Zip Code 20005-5627
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FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

**Transaction ID : A64E7EA7CFDC34866B68**

Amount of Each Receipt this Period  
43000.00

Transfer for IE Disbursements

<b>SUBTOTAL</b> of Receipts This Page (optional).....	93000.00
<b>TOTAL</b> This Period (last page this line number only).....	93000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee
FEC IDENTIFICATION NUMBER C C00488338
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Red Maverick Media LLC
Mailing Address 403 N. Second Street 2nd Floor
City Harrisburg State PA Zip Code 17101-1377
Purpose of Expenditure Direct Mail MS-01 Special Election Category/Type

Date of Public Distribution/Dissemination 04 / 16 / 2015
Amount 25708.00
Transaction ID : E3D92BA89B2EB473388C
Date of Disbursement or Obligation

Name of Federal Candidate Ed Holliday
Support Oppose
Office Sought: House Senate
District: 01 State: MS
Calendar Year-To-Date Per Election for Office Sought 25708.00

Disbursement For: Primary General 2015
Other (specify) Special2015

Full Name of Payee Red Maverick Media LLC
Mailing Address 403 N. Second Street 2nd Floor
City Harrisburg State PA Zip Code 17101-1377
Purpose of Expenditure Direct Mail MS-01 Special Election Category/Type

Date of Public Distribution/Dissemination 05 / 01 / 2015
Amount 23818.00
Transaction ID : E4DC0211119BD4AC98DE
Date of Disbursement or Obligation

Name of Federal Candidate Ed Holliday
Support Oppose
Office Sought: House Senate
District: 01 State: MS
Calendar Year-To-Date Per Election for Office Sought 49526.00

Disbursement For: Primary General 2015
Other (specify) Special2015

(a) SUBTOTAL of Itemized Independent Expenditures 49526.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Thomas Harrison [Electronically Filed] Date 07 / 10 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Dental Association Independent Expenditures Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488338
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Red Maverick Media LLC</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>05 / 05 / 2015</b>
Mailing Address 403 N. Second Street 2nd Floor	Amount <span style="margin-left: 20px;">18918.00</span>
City State Zip Code <b>Harrisburg PA 17101-1377</b>	<b>Transaction ID : EA3ABFFC3E31F41CEB17</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Direct Mail MS-01 Special Election	Category/Type <span style="margin-left: 20px;">[ ]</span>
Name of Federal Candidate <b>Ed Holliday</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">68444.00</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special2015</u>

Full Name of Payee <b>Red Maverick Media LLC</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>05 / 07 / 2015</b>
Mailing Address 403 N. Second Street 2nd Floor	Amount <span style="margin-left: 20px;">23818.00</span>
City State Zip Code <b>Harrisburg PA 17101-1377</b>	<b>Transaction ID : E987B23910F554AB492E</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Direct Mail MS-01 Special Election	Category/Type <span style="margin-left: 20px;">[ ]</span>
Name of Federal Candidate <b>Ed Holliday</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">92262.00</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special2015</u>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">42736.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;">[ ]</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;">92262.00</span>

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

*Thomas Harrison* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2015**

Signature