

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

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 Strategic Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 27 / 2016	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 6573.11	
City Lexington	State KY	Zip Code 40509-4566	Transaction ID : E8C2126D9BF13481BBAA Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2016
Purpose of Expenditure Direct Mail-Runoff-GA-03		Category/ Type	
Name of Federal Candidate Dr. Drew Ferguson		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		24738.54	Disbursement For: ☐ Primary ☐ General 2016 ☒ Other (specify) ▶ Primary Runoff

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6573.11
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	6573.11

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

MM / DD / YYYY
06 / 28 / 2016

Signature