

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee	FEC IDENTIFICATION NUMBER C C00488338
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Strategic Impact		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 27516.86
City Lexington	State KY	Zip Code 40509
Purpose of Expenditure Direct Mail Piece ID-02 Primary	Category/Type 003	Office Sought: <input checked="" type="checkbox"/> House State: <u>ID</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Mike K. Simpson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 55033.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27516.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	27516.86

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

Dr. Richard Huot

Signature _____ [Electronically Filed] Date MM / DD / YYYY
05 / 11 / 2012