

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Dental Association Political Action 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"/>		419310.99
(b) Cash on Hand at Beginning of Reporting Period.....	563626.00	
(c) Total Receipts (from Line 19)	29136.16	581410.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	592762.16	1000721.92
7. Total Disbursements (from Line 31).....	127683.05	535642.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	465079.11	465079.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dental Association Political Action 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).....	2250.00	79715.00
(ii) Unitemized	24633.48	460601.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26883.48	540316.67
(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)	26883.48	540316.67
12. Transfers From Affiliated/Other Party Committees.....	2224.61	38437.49
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	28.07	156.77
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))..... ▶	29136.16	581410.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29136.16	581410.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	78.05	2013.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	78.05	2013.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	127500.00	533500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	105.00	105.00
(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)).....	105.00	105.00
29. Other Disbursements	0.00	24.00
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)) ..	127683.05	535642.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	127683.05	535642.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	26883.48	540316.67
34. Total Contribution Refunds (from Line 28(d))	105.00	105.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26778.48	540211.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	78.05	2013.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	78.05	2013.81

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

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

FOR LINE NUMBER: PAGE 6 OF 38
(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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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 Political Action Committee

A. D Michael Buehler
Full Name (Last, First, Middle Initial)
Mailing Address 303 Viewmont Dr
City Yakima State WA Zip Code 98908-1141
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 06 / 30 / 2015
Transaction ID : A54C5A2C9784A41ED87F
Amount of Each Receipt this Period 250.00

B. Michael J Goulding
Full Name (Last, First, Middle Initial)
Mailing Address 4358 Capra Way
City Benbrook State TX Zip Code 76126-2237
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 06 / 12 / 2015
Transaction ID : A1DF147C3015E4D23851
Amount of Each Receipt this Period 250.00

C. David V Guzek
Full Name (Last, First, Middle Initial)
Mailing Address 4500 Blair Ln
City Valparaiso State IN Zip Code 46383-9167
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 06 / 12 / 2015
Transaction ID : AA5245A51EA3F4E928D8
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Abraham K. John

Mailing Address 66 Pioneer Dr

City State Zip Code
 West Hartford CT 06117-3030

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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015

Transaction ID : A36AAA5105AF946488D8

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Steve Lee Koo

Mailing Address 4800 Beech St

City State Zip Code
 Bellaire TX 77401-3403

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 M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015

Transaction ID : AADB1E6F3A5594B08B6A

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Kevin H Norige

Mailing Address PO Box 791

City State Zip Code
 South Windsor CT 06074-0791

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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015

Transaction ID : AC6D242EEF61C418E8DC

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 8 OF 38
(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 Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jeffrey Langdon Parrish

Mailing Address 4415 102nd Ln NE

City Kirkland	State WA	Zip Code 98033-7644
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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 ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : A48CEB4CAD2BD4184B42

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)

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 ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

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 ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	2250.00

**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 9 OF 38
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. California Dental PAC

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853-3749

FEC ID number of contributing federal political committee. **C C00005751**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
24352.49

Date of Receipt
06 / 29 / 2015

Transaction ID : A3EA644155D894EA6897

Amount of Each Receipt this Period
699.61

Full Name (Last, First, Middle Initial)
B. Indiana Dental PAC

Mailing Address PO Box 2467

City State Zip Code
Indianapolis IN 46206-2467

FEC ID number of contributing federal political committee. **C C00082636**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11305.00

Date of Receipt
06 / 12 / 2015

Transaction ID : A11C77279D3D44EDAB54

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. Indiana Dental PAC

Mailing Address PO Box 2467

City State Zip Code
Indianapolis IN 46206-2467

FEC ID number of contributing federal political committee. **C C00082636**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11305.00

Date of Receipt
06 / 12 / 2015

Transaction ID : A69E081E27A3246A0BEC

Amount of Each Receipt this Period
1175.00

SUBTOTAL of Receipts This Page (optional).....▶	2024.61
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 10 OF 38
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. New Jersey Dental PAC

Full Name (Last, First, Middle Initial)
Mailing Address One Dental Plaza
PO Box 6020

City North Brunswick State NJ Zip Code 08902-4313

FEC ID number of contributing federal political committee. **C** C00326918

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2780.00

Date of Receipt
06 / 05 / 2015
Transaction ID : A1FA7D1F0A8F74A378E7

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
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 ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
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 ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	2224.61

**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 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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement
service charges/credit card fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : BAFEC2DF102714E178BA

Amount of Each Disbursement this Period

78.05

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

78.05

78.05

**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 21st Century Majority Fund

Mailing Address 6065 Roswell Road, #2274
Box 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : B48DD21F01A5244CE9DE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Adam Smith For Congress

Mailing Address PO Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Adam Smith

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 09

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2015

Transaction ID : B2540C6224085492E87E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Andy Barr IV

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : B47C590CE8C0441ABA77

Amount of Each Disbursement this Period

1000.00

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

4500.00

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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Ann L. Wagner

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : B666F6874AE4D4E16B3C

Amount of Each Disbursement this Period

2	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Bob W. Goodlatte

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : B5E66D7AF0076464BB84

Amount of Each Disbursement this Period

3	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Boozman For Arkansas

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. John N. Boozman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Transaction ID : BB5F05D1FDF284C83912

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

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

6	0	0	0	0	0
---	---	---	---	---	---

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

6	0	0	0	0	0
---	---	---	---	---	---

**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bridge PAC

Mailing Address 499 South Capitol St. SW
Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to Federal PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : B76BD33FB653245BBB80

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Byrne For Congress Inc

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Bradley R. Byrne

Office Sought: House
 Senate
 President
State: AL District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : B96DD32A47B254A298DA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Byrne For Congress Inc

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name

Rep. Bradley R. Byrne

Office Sought: House
 Senate
 President
State: AL District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : BCDA4A116D6224D9AA48

Amount of Each Disbursement this Period

-1000.00

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

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

5000.00

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann For Congress Committee, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2015

Mailing Address P.O. Box 11091

Transaction ID : B009A99FF2D124BBF90E

City State Zip Code
Chattanooga TN 37401

Amount of Each Disbursement this Period

-1000.00

Purpose of Disbursement
VOID - Contribution to Federal Candidate

--

Candidate Name

Rep. Chuck J. Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 03

Full Name (Last, First, Middle Initial)

B. Chuck Fleischmann For Congress Committee, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2015

Mailing Address P.O. Box 11091

Transaction ID : B8C66C9BD0DEB4063B32

City State Zip Code
Chattanooga TN 37401

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Federal Candidate

--

Candidate Name

Rep. Chuck J. Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 03

Full Name (Last, First, Middle Initial)

C. Committee to Elect Linda Sanchez

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2015

Mailing Address 601 S Glenoaks Blvd Suite 211

Transaction ID : BDCE73ECE188F4E76B3C

City State Zip Code
Burbank CA 91502

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Federal Candidate

--

Candidate Name

Rep. Linda T. Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 38

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

1000.00

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

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**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Elect Michelle Lujan Grisham

Mailing Address 2015 Dietz Pl NW

City Albuquerque State NM Zip Code 87107

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Michelle Lujan Grisham

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : B06B5BC6F050641C6BF4

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Congressman Chris Smith

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Chris H. Smith

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	5

Transaction ID : BFD94F85AF52048E1A1C

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Cong. Joe Barton Committee

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Joe L. Barton

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : B65C4A6D2134844288C9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cooper For Congress

Mailing Address C/O Dglf Cpas & Business Advisors
P.O. Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Jim H.S. Cooper

Office Sought: House
 Senate
 President
State: TN District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : **B6525130146084015952**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Joe Courtney

Office Sought: House
 Senate
 President
State: CT District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : **B1A781FEFBC514FD6A9A**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Diane L. Black

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : **B0772799F42CE46DAA71**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dirigo PAC

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : B7220815E6A684368812

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Donald M Payne Jr For Congress

Mailing Address PO Box 2406

City Newark State NJ Zip Code 07114

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Donald M. Payne Jr.

Office Sought: House Senate President

State: NJ District: 10

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2015

Transaction ID : B0DFED2D8C4834274943

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Duffy For Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Sean P. Duffy

Office Sought: House Senate President

State: WI District: 07

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2015

Transaction ID : BAAA2C440FD4F486D8CE

Amount of Each Disbursement this Period

2500.00

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

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

9000.00

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of John Thune

Mailing Address PO Box 841

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. John Thune

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: SD District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : **B437F077CC26E4C2CA5A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City State Zip Code
Manchester NH 03105-0937

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. Kelly A. Ayotte

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NH District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : **B25D141CB1270459DBB1**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 10178

City State Zip Code
Columbia MO 65205-4002

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. Roy D. Blunt

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MO District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : **B9B9A2B1D56A34BFCB61**

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCOTT TIPTON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

Mailing Address PO Box M

Transaction ID : B926D3999999B49E98FE

City Cortez State CO Zip Code 81321

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Federal Candidate

Category/ Type

Candidate Name

Rep. Scott R. Tipton

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 03

Full Name (Last, First, Middle Initial)

B. Georgians For Isakson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Mailing Address Post Office Box 250116

Transaction ID : BD2693CD951C64F1CA3E

City Atlanta State GA Zip Code 30325

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution to Federal Candidate

Category/ Type

Candidate Name

Sen. Johnny Isakson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Full Name (Last, First, Middle Initial)

C. Graves For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Mailing Address PO Box 335

Transaction ID : B410329092C0844B29E1

City Calhoun State GA Zip Code 30703

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Federal Candidate

Category/ Type

Candidate Name

Rep. Tom Graves Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 14

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

4000.00

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

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**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. HALL FOR CONGRESS EXPLORATORY COMMITTEE

Mailing Address 249 E. OCEAN BLVD. SUITE 685

City LONG BEACH State CA Zip Code 90802-3015

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Isadore Hall III

Office Sought: House
 Senate
 President
State: CA District: 44

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2015

Transaction ID : **BBF05063EE35D4650906**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Hoeven For Senate

Mailing Address PO Box 15114

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. John H. Hoeven III

Office Sought: House
 Senate
 President
State: ND District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : **B1FE397D1BA564DCF9B8**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Richard L. Hudson Jr.

Office Sought: House
 Senate
 President
State: NC District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : **B45142FD4D03241BBB77**

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JODY HICE FOR CONGRESS

Mailing Address PO BOX 681

City Bethlehem State GA Zip Code 30620-0681

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Jody B. Hice

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 10

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : B0D55B89EE039478088B

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. JODY HICE FOR CONGRESS

Mailing Address PO BOX 681

City Bethlehem State GA Zip Code 30620-0681

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name
Rep. Jody B. Hice

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 10

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : B74EE5518530F40A489D

Amount of Each Disbursement this Period

-1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. John Lewis For Congress

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. John R. Lewis

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 05

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : B8C54625480554E01B26

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

1000.00

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KAMALA HARRIS FOR SENATE

Mailing Address **777 S FIGUEROA ST STE 4050
STE 4050**

City **LOS ANGELES** State **CA** Zip Code **90017-5864**

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Kamala D Harris

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: CA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

Transaction ID : **B9BFD9D4BC4FC4683BBA**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Karen Bass For Congress

Mailing Address **777 S. Figueroa Street
Suite 4050**

City **Los Angeles** State **CA** Zip Code **90017-5864**

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Karen Bass

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: CA District: **37**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : **B0093C0642F66438C9C6**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Karen Bass For Congress

Mailing Address **777 S. Figueroa Street
Suite 4050**

City **Los Angeles** State **CA** Zip Code **90017-5864**

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name
Rep. Karen Bass

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: CA District: **37**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : **B34BBD17FB88F4E1CA0E**

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen Bass For Congress

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Karen Bass

Office Sought: House
 Senate
 President
State: CA District: 37

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2015

Transaction ID : BDF24BA6584C34FCC936

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KATCHO FOR CONGRESS

Mailing Address 525 TRAFFIC WAY
STE A

City Arroyo Grande State CA Zip Code 93420-3356

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Katchik Achadjian

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : B33337A134E5D43ACA9D

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Katherine Clark For Congress

Mailing Address PO Box 361

City Malden State MA Zip Code 02148

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Katherine M. Clark

Office Sought: House
 Senate
 President
State: MA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : B3B20822E24C04F4AB6C

Amount of Each Disbursement this Period

1500.00

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

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

4500.00

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. Mark S. Kirk

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : **BFFE49EC7A5F1440D8A1**

Amount of Each Disbursement this Period

2000.00

B. Kuster For Congress, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Ann McLane Kuster

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NH District: 02

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2015

Transaction ID : **BC65CD3D785F74F33BBC**

Amount of Each Disbursement this Period

1000.00

C. LAHOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10735

City PEORIA State IL Zip Code 61612-0735

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Darin Mckay Lahood

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼
State: IL District: 18 Special2015

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : **BC4D6B851D4AB4105BF1**

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Leonard Lance

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : B8FFC6AA977D944DB829

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Loeb sack for Congress

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Dave W. Loeb sack

Office Sought: House
 Senate
 President
State: IA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : B74DEC1EBA0EE450DAC/

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lofgren For Congress

Mailing Address C/O Contribution Solutions, Llc
123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Zoe Lofgren

Office Sought: House
 Senate
 President
State: CA District: 19

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : B9A458EEE3C544291939

Amount of Each Disbursement this Period

1000.00

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

4500.00

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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Luke Messer For Congress

Mailing Address P.O. Box 917

City State Zip Code
Shelbyville IN 46176

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Luke Messer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

Transaction ID : BD75138C2860041F2B23

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mike Crapo For Us Senate

Mailing Address P.O. Box 1948

City State Zip Code
Boise ID 83701

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. Mike D. Crapo

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : BC21A9FBAC2F941408AF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City State Zip Code
Lyndora PA 16045

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Mike Kelly Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2015

Transaction ID : BF0938C6A4592495FA7B

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	5		

Transaction ID : B8F41829B7298417B928

Amount of Each Disbursement this Period

1	0	0	.	0	0								
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Full Name (Last, First, Middle Initial)

B. Moran For Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. Jerry Moran

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	1	5		

Transaction ID : BA7376C424BBE4D5384A

Amount of Each Disbursement this Period

2	0	0	.	0	0								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

C. Mulvaney For Congress

Mailing Address P.O. Box 1975

City Lancaster State SC Zip Code 29721

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Mick Mulvaney

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	1			2	0	1	5		

Transaction ID : BD22B88F9FA9848C0A68

Amount of Each Disbursement this Period

2	0	0	.	0	0								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

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

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

5	0	0	.	0	0								
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			.										
--	--	--	---	--	--	--	--	--	--	--	--	--	--

**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Norma Torres For Congress

Mailing Address 728 W Edna Place

City Covina State CA Zip Code 91722

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Norma J. Torres

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : BD92899348E78446AA8F

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. West Temple
Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Other2015

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

Transaction ID : B11440DFC8AAC4FC7932

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Frank J. Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : B294580073A0D4E9DA0E

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Mailing Address PO Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Bill J. Pascrell Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : B226A7CE8EA2A4E56926

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Patrick L. Meehan Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : B88E76B9A47DC466FA90

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Ben R. Lujan

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NM District: 03

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2015

Transaction ID : B9CB846301B004B56A53

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

**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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. POLIQUIN FOR CONGRESS

Mailing Address PO BOX 50

City OAKLAND State ME Zip Code 04963

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Bruce L. Poliquin

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: ME District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	8			2	0	1	5		

Transaction ID : BDB2BA2675EC24E14AB0

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. Rob J. Portman

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OH District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	1	5		

Transaction ID : B563F7D33200C4D3F9A9

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼
State: District: Other2015

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5			2	0	1	5		

Transaction ID : BC3B93288916E4A55AFD

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

7	0	0	.	0	0
---	---	---	---	---	---

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

7	0	0	.	0	0
---	---	---	---	---	---

**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Rodney L. Davis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : B9A7AFABF528540FE90E

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Ron Johnson For Senate Inc

Mailing Address 219 E Washington Ave
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. Ron H. Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Transaction ID : B7F4CBD7FFA8345A7BAE

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Ron Johnson For Senate Inc

Mailing Address 219 E Washington Ave
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. Ron H. Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : BBB2AF103857747309A0

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Rigell For Congress

Mailing Address 915 First Colonial Road
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Scott Rigell

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : **B7D85982B2FDD4A4392D**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Sensenbrenner Committee

Mailing Address PO Box 575

City Brookfield State WI Zip Code 53008

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Jim Sensenbrenner Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : **BBFC1F756E3A54824959**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Sires for Congress

Mailing Address 6050 Blvd East, Apt 6-B

City West New York State NJ Zip Code 07093

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Albio Sires

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : **B4E79BB989C684FC7B4C**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
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**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stand Tall America

Mailing Address PO BOX 2382

City Amarillo State TX Zip Code 79105-2382

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2015

Transaction ID : **BF2472FE0953243C69DD**

Amount of Each Disbursement this Period

1000.00

B. Susan Davis For Congress

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Susan A. Davis

Office Sought: House Senate President

State: CA District: 53

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2015

Transaction ID : **B5EF73DE8A0F04303811**

Amount of Each Disbursement this Period

1000.00

C. Swalwell For Congress

Mailing Address P.O. Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Eric M. Swalwell

Office Sought: House Senate President

State: CA District: 15

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : **B5AEB54BEFF134432BF6**

Amount of Each Disbursement this Period

1000.00

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

TOTAL 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)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ted Deutch For Congress Committee

Mailing Address 1050 17th St, Nw, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Ted Deutch

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : **B4C3AFB1276844FECB47**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Tom Macarthur For Congress Inc.

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Thomas MacArthur

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : **BF5F8D21858CB43DDB6D**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Tom W. Reed II

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : **B09DC1BAEAD13470A86E**

Amount of Each Disbursement this Period

5000.00

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

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

9000.00

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**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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walberg for Congress

Mailing Address 6769 Teachout Road

City Tipton State MI Zip Code 49287

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Tim L. Walberg

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : B7828BC907CF64E56892

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walker 4 Nc

Mailing Address 2941 Battleground Ave
Box 38334

City Greensboro State NC Zip Code 27438

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Mark Walker

Office Sought: House
 Senate
 President
State: NC District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : B2D53686DC7F545CBBBE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WRIGHT 2016

Mailing Address 193 MALCOLM X BLVD SUITE 1

City New York State NY Zip Code 10026-1378

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Keith L Wright

Office Sought: House
 Senate
 President
State: NY District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : B58C3577220E74A39858

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

127500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Angela Bauer Williams

Mailing Address N4138 Sleepy Hollow Rd

City Cambridge State WI Zip Code 53523-9527

Purpose of Disbursement
refund of contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	3		2	0	1	5		

Transaction ID : B18744BF24CFC487596F

Amount of Each Disbursement this Period

1	0	5	.	0	0
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Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/
Type

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

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

1	0	5	.	0	0
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1	0	5	.	0	0
---	---	---	---	---	---