

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="33080.55"/>	<input type="text" value="33080.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17946.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="243500.00"/>	<input type="text" value="343500.00"/>
(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="261446.65"/>	<input type="text" value="376580.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="254084.01"/>	<input type="text" value="369217.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7362.64"/>	<input type="text" value="7362.64"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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.....	243500.00	343500.00
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))..... ▶	243500.00	343500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	243500.00	343500.00

DETAILED SUMMARY PAGE
of Disbursements

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	153.00	272.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	153.00	272.00
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)	253931.01	368945.91
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)) ..	254084.01	369217.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	254084.01	369217.91

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)	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)) ▶	153.00	272.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	153.00	272.00

**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 14
<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. ADPAC Education Fund		Date of Receipt MM / DD / YYYY 04 / 25 / 2014 Transaction ID : 12419751
Mailing Address 1111 14th Street, NW Suite 1100		Amount of Each Receipt this Period 50000.00
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200000.00	
		Transfer from ADPAC Education Fund

Full Name (Last, First, Middle Initial) B. AMERICAN DENTAL ASSOCIATION PAC		Date of Receipt MM / DD / YYYY 04 / 02 / 2014 Transaction ID : 12434212
Mailing Address 1111 14TH STREET, NW SUITE 1100		Amount of Each Receipt this Period 50000.00
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	
		transfer from ADPAC

Full Name (Last, First, Middle Initial) C. ADPAC Education Fund		Date of Receipt MM / DD / YYYY 04 / 11 / 2014 Transaction ID : 12434213
Mailing Address 1111 14th Street, NW Suite 1100		Amount of Each Receipt this Period 50000.00
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150000.00	
		transfer from ADPAC Education Fund

SUBTOTAL of Receipts This Page (optional).....▶	150000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
<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 Independent Expenditures Committee

Full Name (Last, First, Middle Initial) A. ADPAC Education Fund		Date of Receipt
Mailing Address 1111 14th Street, NW Suite 1100		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 12514149
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50000.00"/>
		transfer from ADPAC Education Fund

Full Name (Last, First, Middle Initial) B. ADPAC Education Fund		Date of Receipt
Mailing Address 1111 14th Street, NW Suite 1100		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 12514150
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="40000.00"/>
		Transfer from ADPAC Education Fund

Full Name (Last, First, Middle Initial) C. ADPAC Education Fund		Date of Receipt
Mailing Address 1111 14th Street, NW Suite 1100		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 12514151
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="3500.00"/>
		Transfer from ADPAC Education Fund

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="93500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="243500.00"/>

**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 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

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. CITIBANK IE

Mailing Address 1101 Pennsylvania Avenue, NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement
service charges-wires

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 12514144

Amount of Each Disbursement this Period

service charges-wires

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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 Strategic Impact
Mailing Address 1890 Star Shoot Parkway #17-250
City Lexington State KY Zip Code 40509
Purpose of Expenditure Direct Mail ID-02 Category/Type 003
Name of Federal Candidate Rep. Mike K. Simpson Support
Calendar Year-To-Date Per Election for Office Sought 269409.55

Date of Public Distribution/Dissemination 05/13/2014
Amount 26375.00
Transaction ID : 12454121
Date of Disbursement or Obligation 05/13/2014
Office Sought: House District: 02 State: ID
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Strategic Impact
Mailing Address 1890 Star Shoot Parkway #17-250
City Lexington State KY Zip Code 40509
Purpose of Expenditure Direct Mail ID-02 Category/Type 003
Name of Federal Candidate Rep. Mike K. Simpson Support
Calendar Year-To-Date Per Election for Office Sought 269409.55

Date of Public Distribution/Dissemination 05/14/2014
Amount 15495.00
Transaction ID : 12454123
Date of Disbursement or Obligation 05/13/2014
Office Sought: House District: 02 State: ID
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 41870.00
(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.
Signature: Dr. Douglas Hadnot [Electronically Filed] Date: 07/10/2014

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 Strategic Impact
Mailing Address 1890 Star Shoot Parkway #17-250
City Lexington State KY Zip Code 40509
Purpose of Expenditure Direct Mail ID-02 Category/Type 003
Name of Federal Candidate Rep. Mike K. Simpson Support
Calendar Year-To-Date Per Election for Office Sought 269409.55

Date of Public Distribution/Dissemination 05 / 15 / 2014
Amount 26375.00
Transaction ID : 12454125
Date of Disbursement or Obligation 05 / 13 / 2014
Office Sought: House District: 02
Disbursement For: Primary

Full Name of Payee Strategic Impact
Mailing Address 1890 Star Shoot Parkway #17-250
City Lexington State KY Zip Code 40509
Purpose of Expenditure Direct Mail TX-36 Category/Type 003
Name of Federal Candidate Brian Babin Support
Calendar Year-To-Date Per Election for Office Sought 25840.00

Date of Public Distribution/Dissemination 05 / 15 / 2014
Amount 10200.00
Transaction ID : 12459409
Date of Disbursement or Obligation 05 / 15 / 2014
Office Sought: House District: 36
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 36575.00
(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.
Signature: Dr. Douglas Hadnot [Electronically Filed] Date: 07 / 10 / 2014

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 Strategic Impact
Mailing Address 1890 Star Shoot Parkway #17-250
City Lexington State KY Zip Code 40509
Purpose of Expenditure Direct Mail TX-36 Category/Type 003
Name of Federal Candidate Brian Babin Support
Calendar Year-To-Date Per Election for Office Sought 36040.00

Date of Public Distribution/Dissemination 05/19/2014
Amount 10200.00
Transaction ID : 12467976
Date of Disbursement or Obligation 05/19/2014
Office Sought: House District: 36 State: TX
Disbursement For: Other (specify) Runoff

Full Name of Payee Strategic Impact
Mailing Address 1890 Star Shoot Parkway #17-250
City Lexington State KY Zip Code 40509
Purpose of Expenditure Direct Mail TX-36 Category/Type 003
Name of Federal Candidate Brian Babin Support
Calendar Year-To-Date Per Election for Office Sought 46240.00

Date of Public Distribution/Dissemination 05/21/2014
Amount 10200.00
Transaction ID : 12470247
Date of Disbursement or Obligation 05/21/2014
Office Sought: House District: 36 State: TX
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 20400.00
(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.

Signature Dr. Douglas Hadnot [Electronically Filed] Date 07/10/2014

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 Strategic Impact
Mailing Address 1890 Star Shoot Parkway #17-250
City Lexington State KY Zip Code 40509
Purpose of Expenditure Direct Mail TX-36 Category/Type 003
Date of Public Distribution/Dissemination 05/22/2014
Amount 15640.00
Transaction ID : 12478701
Date of Disbursement or Obligation 05/22/2014
Name of Federal Candidate Brian Babin Support
Office Sought: House District: 36 State: TX
Calendar Year-To-Date Per Election for Office Sought 61880.00
Disbursement For: Other (specify) Runoff

Full Name of Payee Conquest Communications Group
Mailing Address 2812 Emerywood Parkway Suite 103
City Richmond State VA Zip Code 23294-3718
Purpose of Expenditure Phone Polls TX-26 Category/Type 005
Date of Public Distribution/Dissemination 05/26/2014
Amount 696.01
Transaction ID : 12483243
Date of Disbursement or Obligation 05/27/2014
Name of Federal Candidate Brian Babin Support
Office Sought: House District: 36 State: TX
Calendar Year-To-Date Per Election for Office Sought 62576.01
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 16336.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 253931.01

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.
Signature Dr. Douglas Hadnot [Electronically Filed] Date 07/10/2014