

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Dental Association Independent Expenditures Committee

ADDRESS (number and street)

1111 14th Street, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488338

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Douglas Hadnot

Signature of Treasurer

Dr. Douglas Hadnot

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 10 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dental Association Independent Expenditures Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		33080.55
(b) Cash on Hand at Beginning of Reporting Period.....	17946.65	
(c) Total Receipts (from Line 19)	243500.00	343500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	261446.65	376580.55
7. Total Disbursements (from Line 31)	254084.01	369217.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7362.64	7362.64
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 Independent Expenditures Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2014

To:

M M / D D / Y Y Y Y
06 / 30 / 2014
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

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	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: PAGE 6 OF 14
(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

Mailing Address 1111 14th Street, NW
Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 12419751

Amount of Each Receipt this Period

50000.00

Transfer from ADPAC Education Fund

Full Name (Last, First, Middle Initial)

B. AMERICAN DENTAL ASSOCIATION PAC

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 12434212

Amount of Each Receipt this Period

50000.00

transfer from ADPAC

Full Name (Last, First, Middle Initial)

C. ADPAC Education Fund

Mailing Address 1111 14th Street, NW
Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 12434213

Amount of Each Receipt this Period

50000.00

transfer from ADPAC Education Fund

SUBTOTAL of Receipts This Page (optional)..... ►

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

150000.00

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 7 OF 14

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

Mailing Address 1111 14th Street, NW
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 12514149

Amount of Each Receipt this Period

50000.00

transfer from ADPAC Education Fund

Full Name (Last, First, Middle Initial)

B. ADPAC Education Fund

Mailing Address 1111 14th Street, NW
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290000.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 12514150

Amount of Each Receipt this Period

40000.00

Transfer from ADPAC Education Fund

Full Name (Last, First, Middle Initial)

C. ADPAC Education Fund

Mailing Address 1111 14th Street, NW
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293500.00

Date of Receipt

05 / 22 / 2014

Transaction ID : 12514151

Amount of Each Receipt this Period

3500.00

Transfer from ADPAC Education Fund

SUBTOTAL of Receipts This Page (optional)..... ►

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

93500.00

243500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

<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 IEMailing Address 1101 Pennsylvania Avenue, NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement
service charges-wires

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2014

Transaction ID : 12514144

Amount of Each Disbursement this Period

102.00

service charges-wires

B.

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

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 M	/	D 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).....▶

102.00

102.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 14
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee			FEC IDENTIFICATION NUMBER ▼ C C00488338	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2014		
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 15495.00		
City Lexington	State KY	Zip Code 40509	Transaction ID : 12394712	
Purpose of Expenditure Direct Mail ID-02		Category/ Type 003	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2014	
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		174789.55	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Third Wave Communications, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2014		
Mailing Address 448 W Nationwide Blvd Suite 106		Amount 81240.00		
City Columbus	State OH	Zip Code 43215	Transaction ID : 12413929	
Purpose of Expenditure Mike Simpson (ID-02) TV Ad		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2014	
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		174789.55	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		96735.00		
(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 <i>Dr. Douglas Hadnot</i>		Date M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 14
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee		FEC IDENTIFICATION NUMBER ▼ C C00488338	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 26375.00	
City Lexington	State KY	Zip Code 40509	Transaction ID : 12419753
Purpose of Expenditure Direct Mail ID-02	Category/ Type	003	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		201164.55	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 13 / 2014	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 15640.00	
City Lexington	State KY	Zip Code 40509	Transaction ID : 12454115
Purpose of Expenditure Direct Mail TX-36	Category/ Type	003	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
Name of Federal Candidate Brian Babin		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 36 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		15640.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		42015.00	
(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 <i>Dr. Douglas Hadnot</i>		Date MM / DD / YYYY 07 / 10 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 14
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee		FEC IDENTIFICATION NUMBER ▼ C C00488338	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 13 / 2014	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 26375.00	
City Lexington	State KY	Zip Code 40509	Transaction ID : 12454121
Purpose of Expenditure Direct Mail ID-02		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2014	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 15495.00	
City Lexington	State KY	Zip Code 40509	Transaction ID : 12454123
Purpose of Expenditure Direct Mail ID-02		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> 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.			
Dr. Douglas Hadnot		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 10 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 14
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee		FEC IDENTIFICATION NUMBER ▼ C C00488338	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 15 / 2014	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 26375.00	
City Lexington	State KY	Zip Code 40509	Transaction ID : 12454125
Purpose of Expenditure Direct Mail ID-02		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 15 / 2014	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 10200.00	
City Lexington	State KY	Zip Code 40509	Transaction ID : 12459409
Purpose of Expenditure Direct Mail TX-36		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2014
Name of Federal Candidate Brian Babin		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 36 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> 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.			
Dr. Douglas Hadnot		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 10 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 14
FOR LINE 24 OF FORM 3X

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

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

Full Name of Payee
Strategic Impact

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014Mailing Address 1890 Star Shoot Parkway
#17-250

Amount

City Lexington State KY Zip Code 40509

10200.00

Transaction ID : 12467976

Date of Disbursement or Obligation

Purpose of Expenditure
Direct Mail TX-36Category/
Type 003M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014Name of Federal Candidate
Brian Babin☒ Support
☐ OpposeOffice Sought: ☒ House District: 36
☐ President ☐ Senate State: TXCalendar Year-To-Date
Per Election for Office Sought

36040.00

Disbursement For: ☐ Primary ☐ General
2014 ☒ Other (specify) ▶ RunoffFull Name of Payee
Strategic Impact

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2014Mailing Address 1890 Star Shoot Parkway
#17-250

Amount

City Lexington State KY Zip Code 40509

10200.00

Transaction ID : 12470247

Date of Disbursement or Obligation

Purpose of Expenditure
Direct Mail TX-36Category/
Type 003M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2014Name of Federal Candidate
Brian Babin☒ Support
☐ OpposeOffice Sought: ☒ House District: 36
☐ President ☐ Senate State: TXCalendar Year-To-Date
Per Election for Office Sought

46240.00

Disbursement For: ☐ Primary ☐ General
2014 ☒ 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.

Dr. Douglas Hadnot

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Signature

C C00488338

15640.00

Office Sought: ☒ House District: 36
☐ President ☐ Senate State: TX

61880.00

Disbursement For: ☐ Primary ☐ General
2014 ☒ Other (specify) ▶ Runoff

696.01

Category/ Type	
	005

05 / 27 / 2014

Office Sought: ☒ House District: 36
☐ President ☐ Senate State: TX

62576.01

Disbursement For: ☐ Primary ☐ General
2014 ☒ Other (specify) ▶ Runoff

16336.01

A diagram of a rectangular frame structure. It consists of 10 vertical members and 2 horizontal members (top and bottom). The vertical members are numbered 1 through 10 from left to right. The horizontal members are numbered 11 and 12. The frame is shown in a perspective view, with the top and bottom members being slightly offset to show the interior. The vertical members are connected by the horizontal members at the top and bottom.

253931.01

FEC Schedule E (Form 3X) Rev. 09/2013