Image# 14961546828				PAGE 1 / 14
FEC A	EPORT OF F ND DISBURS r Other Than An Author	SEMENTS	0	ffice Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT V	Example: If typing, ty over the lines.	-	
American Dental Associa	ation Independent Ex	penditures Comr	mittee	
ADDRESS (number and street)	1111 14th Street, NW Suite 1100			
Check if different than previously reported. (ACC)	Washington			20005
2. FEC IDENTIFICATION NUM		A	STATE 🔺	ZIP CODE
C C00488338	3. IS T REF	PORT × NEW	OR AMEN (A)	IDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 	(b) Monthly Report Due On: Apr 20) (M3)	20 (M5) Aug 20 20 (M6) Sep 20 0 (M7) Oct 20	(M9) Dec 20 (M12) (Non-Election Year Only) (Non-Election Year Only)
Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12 Special (125	
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election	(d) 30-Day			in the State of
Year Only) (MY) Termination Report (TER)	POST-Election Report for the: Election	on General (30G)	Runoff (30R) Special (30S) in the State of
5. Covering Period 04	/ D D / Y Y Y Y 01 2014	through	06 / D D / 0	2014
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of m Dr. Douglas Hadnot	y knowledge and beliet	f it is true, correct and co	omplete.
Signature of Treasurer	glas Hadnot	[Electronically File	d] Date 07	/ D D / Y Y Y Y Y 10 2014
NOTE: Submission of false, erroneou	us, or incomplete information r	nay subject the person s	signing this Report to the p	penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

07/10/2014 12 : 54

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Dental Association Independent Expenditures Committee

R	eport Covering the Period: From:	4 01 / Y Y Y Y Y 2014 To:	M M / D / Y				
		COLUMN A This Period					
6.	(a) Cash on Hand January 1, 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) and6(c) for Column A and Lines6(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

X

	- DET	TAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page 3
	Irite or Type Committee Name		
A	merican Dental Association Indepen	dent Expenditures Committee	
R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 2014 To:	06 / Y Y Y Y Y 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 (iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)▶	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
10	(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.	(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)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. 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
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	253931.01	368945.91
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00
(b) Political Party Committees(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))►		
Other Disbursements	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	254084.01	369217.91
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	254084.01	369217.91

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	153.00	272.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	153.00	272.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

14

	IMIZED RECEIPTS	Detailed Summary	
or	or commercial purposes, other than using the	tatements may not be sold or use name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American Dental Association In	dependent Expenditure	s Committee
۱.	Full Name (Last, First, Middle Initial) ADPAC Education Fund		Date of Receipt
	Mailing Address 1111 14th Street, NW Suite 1100 Dity	State Zip Code	04 25 2014 Transaction ID : 12419751
	Washington	DC 20005	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С	50000.00
	Name of Employer	Occupation	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	Transfer from ADPAC Education Fund
	Other (specify)	20	0000.00
	Full Name (Last, First, Middle Initial) AMERICAN DENTAL ASSOCIATIC	N PAC	Date of Receipt
	Mailing Address 1111 14TH STREET, NW SUITE 1100		04 02 2014
	City WASHINGTON	StateZip CodeDC20005	Transaction ID : 12434212 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	50000.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0000.00 transfer from ADPAC
	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address 1111 14th Street, NW Suite 1100		04 / Y Y Y Y Y 2014
	City Washington	State Zip Code DC 20005	Transaction ID : 12434213
	FEC ID number of contributing ederal political committee.	C	Amount of Each Receipt this Period 50000.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0000.00 transfer from ADPAC Education Fund
s	IBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE 7

OF

14

	Detailed Summary Page		11a		11b	11c	X	12	
			13		14	15		16	17
Any information copied from such Reports an or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)									
American Dental Association	Independent Expenditures Co	ommittee	e						
Full Name (Last, First, Middle Initial)			Date of	Re	ceipt				
Mailing Address 1111 14th Street, NW Suite 1100			м м 05	/	D D D 13	/ Y	20 ⁻		Y
City	State Zip Code		Trans	acti	on ID : '	1251414	49		
Washington	DC 20005		Amount	of	Each Re	eceipt th	his Pe	eriod	_
FEC ID number of contributing federal political committee.	C				7		50	0000.	00
Name of Employer	Occupation								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify)	250000.0		transfer f	from	ADPAC	Educat	tion F	und	
Full Name (Last, First, Middle Initial) 3. ADPAC Education Fund			Date of	Re	ceipt				
Mailing Address 1111 14th Street, NW Suite 1100			м м 05	/	16	/ Y	201		Y
City	State Zip Code		Trans	acti	on ID:1	1251415	50		
Washington	DC 20005		Amount	t of	Each Re	eceipt th	his Pe	eriod	
FEC ID number of contributing federal political committee.	C				7	5	40	0000.0	00
Name of Employer	Occupation								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290000.00		Fransfer	from	n ADPA(C Educa	ation F	und	
Full Name (Last, First, Middle Initial)			Date of	Re	ceipt				
Mailing Address 1111 14th Street, NW Suite 1100			м м 05	/	22	/ Y	201		Y
City	State Zip Code DC 20005	\vdash			on ID :				
Washington	DC 20005		Amount	t of	Each Re	eceipt th	his Pe	eriod	
FEC ID number of contributing federal political committee.	C							3500.	00
Name of Employer	Occupation								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	293500.0		Transfer	fron	n ADPA	C Educa	ation F	Fund	
SUBTOTAL of Receipts This Page (optional)		🕨					93	3500.0	00
TOTAL This Period (last page this line numb	per only)	····· ►	<u> </u>		,	,	243	3500.C	00

ITEMIZED DISBURSEMENTS Use separate schedule(s) breach category of the Detailed Summary Page Image: Construction of the purpose of the commercial purpose, of the than using the name and address of any political committee to solicit contributions from such committee of the commercial purpose, of the than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) And CITIBANK IE Date of Disbursement Mailing Address 01 City State Purpose of Disbursement Distorter State: Distorter Office Sought: House Purpose of Disbursement Distorter State: Distorter Office Sought: House Purpose of Disbursement Distorter City State Purpose of Disbursement Category/ Type Office Sought: House Distorter Distorter Purpose of Disbursement Category/ Type Office Sought: House Distorter Distorter Purpose of Disbursement Category/ Type Office Sought: House Distorter Primary General Other (specify) * <th>SCHEDULE B</th> <th>(FEC Form 3X)</th> <th>[</th> <th>E</th> <th></th> <th></th> <th></th> <th>ED.</th> <th></th> <th></th> <th></th> <th>PAGE</th> <th>8</th> <th>OF 14</th>	SCHEDULE B	(FEC Form 3X)	[E				ED.				PAGE	8	OF 14
Detailed Summary Page 210 28					hec	k only	ly one)							
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 1111 Floor City State Purpose of Disbursement service charges-wires Candidate Name Office Sought: House Disbursement State: Disbursement For: Office Sought: Senate President Disbursement For: Office Sought: State President Disbursement For: Office Sought: Senate President Disbursement For: City State Purpose of Disbursement Cate: Disbursement For: Office Sought: House Disbursement Category/ Office Sought: Senate President Disbursement For: Office Sought: Senate President Oth					×				\mid					26 30b
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B. Date of Disbursement Mailing Address Image: City im														
Mailing Address City State Zip Code Purpose of Disbursement		rst, middle initial)							Dis					
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Office Sought: House Disbursement For: Senate President Other (specify) President Other (specify) ✓ State: District: Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement this Per	Candidate Name					y/					renou			
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address Image: City State Zip Code Purpose of Disbursement Image: Category/ Type Amount of Each Disbursement this Per	Office Sought:	Senate	Primary General		<u>, , , , , , , , , , , , , , , , , , , </u>					,		,		
C. Date of Disbursement Mailing Address Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Amount of Each Disbursement this Per Category/ Type														
Mailing Address City State Zip Code Purpose of Disbursement Image: Category/ Type Amount of Each Disbursement this Per		rst, Middle Initial)							Dis					
Purpose of Disbursement Amount of Each Disbursement this Per Candidate Name Category/ Type	Mailing Address	Mailing Address							M M / D D / Y Y Y Y					
Candidate Name Category/ Type Amount of Each Disbursement this Per	City		State Zip Code											
Candidate Name Category/ Type	Purpose of Disburs	ement												
Office Councility Diskurse out For	Candidate Name			Category/ Type			Amount of Each Disbursement this Period					Period		
Senate Primary General President Other (specify) ▼	Office Sought:	Senate President	Primary General									,		
State: District:	State: [District:												
SUBTOTAL of Disbursements This Page (optional) 102.00 TOTAL This Period (last page this line number only)								_		7				

TEMIZED INDEPENDENT EXPENDIT	URES				PAGE 9 OF 14 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	lan an dant Evra		44.0.0	FEC ID	ENTIFICATION NUMBER V
American Dental Association Inc	ependent Expe	enditures Commi	ttee	Cc	00488338
Check if 24-hour report 48-hour rep	ort New re	eport Amends repo	ort filed on	M M /	
Full Name of Payee			Da	ate of Public	Distribution/Dissemination
Strategic Impact				04 /	D D / Y Y Y Y 10 / 2014
Mailing Address 1890 Star Shoot Parkway			An	nount	
#17-250	Otata	Zia Os da	- F		45405.00
City Lexington	State KY	Zip Code 40509		nsaction ID	15495.00 : 12394712 sement or Obligation
Purpose of Expenditure Direct Mail ID-02		Category/ Type 003		04 /	$\begin{array}{c} D \\ 11 \end{array} / \begin{array}{c} Y \\ 2014 \end{array}$
Name of Federal Candidate		X Support	Office So	ught: 🗙	House District: 02
Rep. Mike K. Simpson		Oppose	Pre	sident	Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		174789.55	Disburser 2014	ment For:	X Primary General cify) ►
Full Name of Payee Third Wave Communications, I	LC		Da	ate of Public	Distribution/Dissemination
Mailing Address 448 W Nationwide Blvd			Ar	nount	21 2014
Suite 106					
City Columbus	State OH	Zip Code 43215		nsaction ID	81240.00 : 12413929 sement or Obligation
Purpose of Expenditure Mike Simpson (ID-02) TV Ad		Category/ Type 004		04 /	D D / Y Y Y Y 11 / 2014
Name of Federal Candidate		Support	Office So	ought: 🔀	House District: 02
Rep. Mike K. Simpson		Oppose	Pre	esident	Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		174789.55	Disburser 2014	ment For:	X Primary General ecify) ►
(a) SUBTOTAL of Itemized Independent Exp	penditures				96735.00
(b) SUBTOTAL of Unitemized Independent I	Expenditures		•••		
(c) TOTAL Independent Expenditures			•• •		
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authoriz				
Dr. Douglas Hadnot	[Electro	onically Filed] Date	07	/ D D 10	/ Y Y Y Y Y 2014
Signature					

TIEMIZED INDEPENDENT EXPENDITURES	1			PAGE 10 OF 14 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	alant Erma			FEC IDENTIFICATION NUMBER V
American Dental Association Indeper	ident Expe	nditures Commi	ittee	C C00488338
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed o	on M M / D D / Y Y Y Y
Full Name of Payee				Date of Public Distribution/Dissemination
Strategic Impact				M M / D D / Y Y Y Y 04 28 2014
Mailing Address 1890 Star Shoot Parkway				
#17-250				Amount
City	State	Zip Code		26375.00
Lexington	KY	40509	Т	Transaction ID : 12419753 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail ID-02		Category/ Type 003		04 / 25 / Y 2014
Name of Federal Candidate		Support	Office	Sought: X House District: 02
Rep. Mike K. Simpson		Oppose		President Senate State: ID
Calendar Year-To-Date		004404.55		rsement For: X Primary General
Per Election for Office Sought	77	201164.55	2014	Other (specify) ►
Full Name of Payee				Date of Public Distribution/Dissemination
Strategic Impact				05 / Y Y Y Y 2014
Mailing Address 1890 Star Shoot Parkway				Amount
#17-250				Amount
City	State	Zip Code		15640.00
Lexington	KY	40509	1	Transaction ID : 12454115 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail TX-36		Category/ Type 003		M M / D D / Y Y Y Y 05 / 13 / 2014
Name of Federal Candidate		Support	Office	Sought: X House District: 36
Brian Babin		Oppose		President Senate State: <u>TX</u>
Calendar Year-To-Date				rsement For: Primary General
Per Election for Office Sought		15640.00	2014	X Other (specify) Runoff
(a) SUBTOTAL of Itemized Independent Expenditur	es		▶	42015.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•• ►	
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Dr. Douglas Hadnot	[Electron	nically Filed] Date	e 07	7 / D D / Y Y Y Y 10 2014
Signature				

ITEMIZED INDEPENDENT EXPEND	TURES			PAGE 11 OF 14 FOR LINE 24 OF FORM 3
NAME OF COMMITTEE (In Full)	den en den (Erm			FEC IDENTIFICATION NUMBER
American Dental Association Ir	idependent Expe	enditures Comm	ittee	C C00488338
Check if 24-hour report 48-hour re	eport New re	eport Amends repo	ort filed on	
Full Name of Payee			Da	ate of Public Distribution/Dissemination
Strategic Impact				05 / D D / Y Y Y Y 2014
Mailing Address 1890 Star Shoot Parkwa	у		An	mount
#17-250			F	
City	State	Zip Code		26375.00
Lexington	KY	40509		ansaction ID: 12454121 ate of Disbursement or Obligation
Purpose of Expenditure Direct Mail ID-02		Category/ Type 003		05 / D D / Y Y Y Y 2014
Name of Federal Candidate		Support	Office So	ought: X House District: 02
Rep. Mike K. Simpson		Oppose		esident Senate State:
Calendar Year-To-Date Per Election for Office Sought		269409.55	Disburser 2014	ment For: X Primary Genera Other (specify) ►
Full Name of Payee			Da	ate of Public Distribution/Dissemination
Strategic Impact				
Mailing Address				05 14 2014
1890 Star Shoot Parkwa	у		Ar	mount
#17-250 City	State	Zip Code	— Г	15495.00
Lexington	KY	40509		ansaction ID : 12454123 late of Disbursement or Obligation
Purpose of Expenditure Direct Mail ID-02		Category/ Type 003		M M / D D / Y Y Y 2014
Name of Federal Candidate		Support	Office So	ought: X House District: 02
Rep. Mike K. Simpson		Oppose		esident Senate State:
Calendar Year-To-Date Per Election for Office Sought		269409.55	Disburser 2014	ement For: X Primary Gener Other (specify) ►
(a) SUBTOTAL of Itemized Independent E	xpenditures			41870.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		•••	· · · · · · · · · · ·
(c) TOTAL Independent Expenditures			•••	· · · · · · · · · · · ·
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	y candidate or authoriz			
Dr. Douglas Hadnot	[Electro	onically Filed] Date	o 07	/ D D / Y Y Y Y Y Y
Signature				

EMIZED INDEPENDENT EXPEND	TURES				PAGE 12 FOR LINE 2	OF 14 24 OF FORM 3X
AME OF COMMITTEE (In Full) American Dental Association Ir		andituras Commi	ttoo	FEC I	DENTIFICATI	ON NUMBER 🔻
				С	C00488338	
heck if 24-hour report 48-hour re	eport New re	eport Amends repo		M	/ D D /	Y = Y = Y = Y
Full Name of Payee			Date	of Publ	lic Distribution	/Dissemination
Strategic Impact			[05	/ D D / 15	Y Y Y Y 2014
Mailing Address 1890 Star Shoot Parkwa	у		Amou	ınt		
#17-250	01-1-	Zia Osala				00075.00
City Lexington	State KY	Zip Code 40509			D: 12454125	26375.00
Purpose of Expenditure Direct Mail ID-02		Category/ Type 003		05		2014
Name of Federal Candidate		Support	Office Soug	nt:	X House	District: 02
Rep. Mike K. Simpson		Oppose	Presid	ent	Senate	State:ID
Calendar Year-To-Date Per Election for Office Sought		269409.55	Disbursemen 2014		Primary pecify) ►	/ General
Full Name of Payee Strategic Impact			Date	of Pub	lic Distribution	/Dissemination
				05	/ D D / 15	2014 Y
Mailing Address 1890 Star Shoot Parkwa	у		Amo	Int		
#17-250						
City	State	Zip Code				10200.00
Lexington	KY	40509			D:12459409	Obligation
Purpose of Expenditure Direct Mail TX-36		Category/ Type 003		05	/ D D / 15	Y Y Y Y 2014
Name of Federal Candidate		X Support	Office Soug	ht:	X House	District: 36
Brian Babin		Oppose	Presic		Senate	State: TX
Calendar Year-To-Date Per Election for Office Sought		25840.00	Disburseme		Primary	y General Runoff
(a) SUBTOTAL of Itemized Independent E	xpenditures					36575.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		• •			
(c) TOTAL Independent Expenditures			•	-1		
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorize					
Dr. Douglas Hadnot	[Electro	onically Filed] Date	o 07 /	10	201	Y Y 4
Signature						

IEMIZED INDEPENDENT EXPEND	TURES				PAGE 13 FOR LINE	OF 14 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		andituraa Camm	ittaa	FEC I	DENTIFICAT	ION NUMBER 🔻
American Dental Association Ir	idependent Ext	Senalures Comm	mee	C	C00488338	
Check if24-hour report48-hour re	eport New	report Amends rep	ort filed or		/ D D /	YYYYY
Full Name of Payee			0	Date of Publ	ic Distributior	n/Dissemination
Strategic Impact				05	/ D D / 19	2014
Mailing Address 1890 Star Shoot Parkwa						
#17-250	,		A	Amount		
City	State	Zip Code				10200.00
Lexington	KY	40509		Transaction ID : 12467976 Date of Disbursement or Obligation		
Purpose of Expenditure Direct Mail TX-36		Category/ Type 003		05	/ 19	2014
Name of Federal Candidate		Support	Office S	ought:	X House	District: 36
Brian Babin		Oppose		resident	Senate	State: TX
Calendar Year-To-Date		20040.00	Disburse 2014	ement For:	Primar	y General
Per Election for Office Sought		36040.00 2		14 X Other (specify) ► Runoff		
Full Name of Payee			[Date of Publ	lic Distribution	n/Dissemination
Strategic Impact				05	/ 21	2014
Mailing Address 1890 Star Shoot Parkwa				05	21	2014
#17-250	у		A	Amount		
City	State	Zip Code				10200.00
Lexington	KY	40509		Transaction ID : 12470247 Date of Disbursement or Obligation		
Purpose of Expenditure		Category/		M M	/ D D /	/ Y Y Y Y
Direct Mail TX-36		Type 003		05	21	2014
Name of Federal Candidate		X Support	Office S	ought:	X House	District: 36
Brian Babin		Oppose	P	resident	Senate	State: TX
Calendar Year-To-Date			Disburs	ement For:	Primar	v General
Per Election for Office Sought		46240.00	2014	X Other (s		Runoff
(a) SUBTOTAL of Itemized Independent E	xpenditures		-			20400.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		··· •			
(c) TOTAL Independent Expenditures			▶	7		
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or author					
Dr. Douglas Hadnot	[Elec	tronically Filed]	o 07	/ 0 0	20	Y Y 14
Signature		Dat				

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 14 OF 14 FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER				
American Dental Association Independent Expenditures Committee					
Check if 24-hour report 48-hour report New report Amends report file	d on				
Full Name of Payee	Date of Public Distribution/Dissemination				
Strategic Impact	M M / D D / Y Y Y Y Y 05 22 2014				
Mailing Address 1890 Star Shoot Parkway	Amount				
#17-250	15640.00				
CityStateZip CodeLexingtonKY40509	Transaction ID : 12478701 Date of Disbursement or Obligation				
Purpose of Expenditure Direct Mail TX-36Category/ Type003	05 / ^D 22 / ^Y 2014				
Name of Federal Candidate X Support Office	ce Sought: X House District: 36				
Brian Babin Oppose	President Senate State: TX				
Calendar Year-To-Date Disk Per Election for Office Sought 61880.00	bursement For: Primary General 4 X Other (specify) ► Runoff				
Full Name of Payee	Date of Public Distribution/Dissemination				
Conquest Communications Group	M M / D D / Y Y Y Y 05 26 2014				
Mailing Address 2812 Emerywood Parkway					
Suite 103	Amount				
City State Zip Code	696.01				
Richmond VA 23294-3718	Transaction ID : 12483243 Date of Disbursement or Obligation				
Purpose of Expenditure Phone Polls TX-26Category/ 005	05 / 27 / Y Y Y Y 2014				
Name of Federal Candidate Support Office	ce Sought: X House District: 36				
Brian Babin Oppose	President Senate State:				
Calendar Year-To-Date Dist Per Election for Office Sought 62576.01	4 Model Model Primary General 4 Model Model 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 n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.					
Dr. Douglas Hadnot [Electronically Filed]	07 10 / Y = Y = Y = Y 2014				
Signature					