

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Dental Association Political Action 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** C00000729
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 Quarterly 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) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2011 through 04 30 2011

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 Francis Connor

Signature of Treasurer Electronically Filed by Dr Francis Connor Date 05 05 2011

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		264244.39
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	647872.17									
(c) Total Receipts (from Line 19)	77959.29	670250.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	725831.46	934494.44								
7. Total Disbursements (from Line 31)	28193.74	236856.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	697637.72	697637.72								
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**

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	3185.20	21373.40
(ii) Unitemized	73152.67	586730.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	76337.87	608104.34
(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)	76337.87	608104.34
12. Transfers From Affiliated/Other Party Committees	1558.03	61943.04
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.)	63.39	202.67
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 Transfer (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))	77959.29	670250.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	77959.29	670250.05

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	144.74	897.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	144.74	897.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	235750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	49.00	49.00
(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))	49.00	49.00
29. Other Disbursements.....	0.00	160.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	28193.74	236856.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28193.74	236856.72

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)	76337.87	608104.34
34. Total Contribution Refunds (from Line 28(d))	49.00	49.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76288.87	608055.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	144.74	897.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	144.74	897.72

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

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

FOR LINE NUMBER: PAGE 6 / 32
(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 Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Brandon Robert Maddox

Mailing Address 6241 Horseview Dr

City State Zip Code
Springfield IL 62712-8667

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 ▼ 485.20

Date of Receipt
MM / DD / YYYY
04 / 04 / 2011

Transaction ID: 9959128

Amount of Each Receipt this Period
485.20

B. Full Name (Last, First, Middle Initial)
Dr Matthew J Neary

Mailing Address 99 Summit Rd

City State Zip Code
Riverside CT 06878-2106

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2011

Transaction ID: 9960535

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr John Zazzaro, III

Mailing Address 316 Main Street

City State Zip Code
Southbury CT 06488

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: 9992242

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1185.20**

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 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Dr Paul Stanford Saari		Date of Receipt
	Mailing Address 1806 Pinnacle Dr		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Lakeland	FL	33813-3058
	FEC ID number of contributing federal political committee. C		Transaction ID: 9992248
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
		dentist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Mrs. Kay Ann Saari		Date of Receipt
	Mailing Address 1806 Pinnacle Drive		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Lakeland	FL	33813-3058
	FEC ID number of contributing federal political committee. C		Transaction ID: 9992249
Name of Employer Paul Saari, DDS		Occupation	Amount of Each Receipt this Period
		office manager	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr Amber A Determan		Date of Receipt
	Mailing Address 40780 258th St		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Mitchell	SD	57301-5843
	FEC ID number of contributing federal political committee. C		Transaction ID: 9993064
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
		dentist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 32
(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)
Dr Carol Gomez Summerhays

Mailing Address 13234 Polvera Ave

City State Zip Code
San Diego CA 92128-1148

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 ▼ 0.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: 9993091

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Soames Summerhays

Mailing Address 13234 Polvera Avenue

City State Zip Code
San Diego CA 92128-1148

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

Name of Employer Summerhays Films, Inc. Occupation film producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: 9993095

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Mark A Bierschbach

Mailing Address 1001 Washington Dr

City State Zip Code
Milbank SD 57252-3417

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 ▼ 100.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2011

Transaction ID: 9997737

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
Earmark for Paul Gosar for Congress

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 9 / 32
(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)
Dr James A Karlowicz

Mailing Address 1401 Parkdale Dr

City State Zip Code
Dover OH 44622-1115

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 9997847

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Earmark for Paul Gosar for Congress

B. Full Name (Last, First, Middle Initial)
Dr Matthew J Neary

Mailing Address 99 Summit Rd

City State Zip Code
Riverside CT 06878-2106

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2011

Transaction ID: 9997849

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Earmark for Paul Gosar for Congress

C. Full Name (Last, First, Middle Initial)
Dr Burton W Job

Mailing Address 705 Crystal Lake Rd

City State Zip Code
Akron OH 44333-1760

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2011

Transaction ID: 9997971

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Earmark for Paul Gosar for Congress

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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 10 / 32
(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

A. Full Name (Last, First, Middle Initial)
Dr Kenneth McDougall

Mailing Address 1605 9th Ave SE

City State Zip Code
Jamestown ND 58401-6451

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 ▼ 500.00

Date of Receipt: 04 / 04 / 2011
Transaction ID: 9997976
Amount of Each Receipt this Period: 500.00

[MEMO ITEM]
Earmark for Paul Gosar for Congress

B. Full Name (Last, First, Middle Initial)
Dr Donald C Simpson

Mailing Address 5555 S Shawnee Drive

City State Zip Code
Sierra Vista AZ 85650-9639

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 ▼ 500.00

Date of Receipt: 04 / 06 / 2011
Transaction ID: 9997978
Amount of Each Receipt this Period: 500.00

[MEMO ITEM]
Earmark for Paul Gosar for Congress

C. Full Name (Last, First, Middle Initial)
Dr Edward Feinberg

Mailing Address 100 E Hartsdale Ave #7B

City State Zip Code
Hartsdale NY 10530

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 ▼ 500.00

Date of Receipt: 04 / 11 / 2011
Transaction ID: 9997981
Amount of Each Receipt this Period: 500.00

[MEMO ITEM]
Earmark for Paul Gosar for Congress

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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 11 / 32
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Dr Joseph F Hagenbruch

Mailing Address 404 W McKinley St

City State Zip Code
Harvard IL 60033-2160

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 ▼ 500.00

Date of Receipt: 04 / 08 / 2011

Transaction ID: 9997983

Amount of Each Receipt this Period: 500.00

[MEMO ITEM]
Earmark for Paul Gosar for Congress

B.

Full Name (Last, First, Middle Initial)
Dr Mark Bryant Desrosiers

Mailing Address 63 Anderson Rd

City State Zip Code
Pomfret Center CT 06259-2228

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 ▼ 1000.00

Date of Receipt: 04 / 08 / 2011

Transaction ID: 9997984

Amount of Each Receipt this Period: 500.00

[MEMO ITEM]
Earmark for Paul Gosar for Congress

C.

Full Name (Last, First, Middle Initial)
Dr Mary T Madigan

Mailing Address 527 S. Bartlett Rod

City State Zip Code
Streamwood IL 60107

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 ▼ -49.00

Date of Receipt: 04 / 07 / 2011

Transaction ID: 9998021

Amount of Each Receipt this Period: 0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$49.00 This changes the YTD Total to \$-49.00

SUBTOTAL of Receipts This Page (optional) ► 0.00

TOTAL This Period (last page this line number only) ► 3185.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 32
(check only one)

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

Mailing Address PO Box 2467

City State Zip Code
Indianapolis IN 46206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12846.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: 9992247

Amount of Each Receipt this Period
284.00

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

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11816.01

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: 9992252

Amount of Each Receipt this Period
441.00

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

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12649.04

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: 9993063

Amount of Each Receipt this Period
833.03

SUBTOTAL of Receipts This Page (optional)	▶	1558.03
TOTAL This Period (last page this line number only)	▶	1558.03

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 32	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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) Citibank 1		Date of Receipt
Mailing Address 1500 Vermont Ave Nw		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		Transaction ID: 9993544
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="63.39"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="202.67"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="63.39"/>
TOTAL This Period (last page this line number only)	<input type="text" value="63.39"/>

**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

A. Full Name (Last, First, Middle Initial) Majority Committee PAC Mailing Address P.O. BOX 10134 City Bakersfield State CA Zip Code 93389 Purpose of Disbursement Contribution to Federal Candidate's Leadership PAC Candidate Name Majority Committee PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9959141 Date of Disbursement 04 / 07 / 2011
	Amount of Each Disbursement this Period 5000.00 Contribution to Federal Candidate's Leadership PAC

B. Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson Mailing Address P.O. Box 822 400 Broadway, Suite 501 City Cape Girardeau State MO Zip Code 63702 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Jo Ann Emerson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 08	Transaction ID: 9959186 Date of Disbursement 04 / 07 / 2011
	Amount of Each Disbursement this Period 1000.00 Contribution to Federal Candidate

C. Full Name (Last, First, Middle Initial) Bill Cassidy For Congress Mailing Address 8550 United Plaza Blvd. Suite 1001 City Baton Rouge State LA Zip Code 70809 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. William Cassidy, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06	Transaction ID: 9959187 Date of Disbursement 04 / 07 / 2011
	Amount of Each Disbursement this Period 1000.00 Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

<p>A. Full Name (Last, First, Middle Initial) Sue Myrick For Congress</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9959188 Date of Disbursement 04 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Bridge PAC</p> <p>Mailing Address 499 South Capitol St. SW Suite 412</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution to Federal Candidate's PAC</p> <p>Candidate Name Bridge PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9959195 Date of Disbursement 04 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate's PAC</p>
<p>C. Full Name (Last, First, Middle Initial) Culberson For Congress</p> <p>Mailing Address P.O. Box 41964</p> <p>City Houston State TX Zip Code 77241</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John Abney Culberson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9965540 Date of Disbursement 04 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

<p>A. Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address P.O. Box 2323</p> <p>City Atlanta State GA Zip Code 30301</p> <p>Purpose of Disbursement Void - John Lewis For Congress-written off account</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9966526 Date of Disbursement 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - John Lewis For Congress-written off account</p>
<p>B. Full Name (Last, First, Middle Initial) Susan Davis For Congress</p> <p>Mailing Address 1212 S. Victory Blvd.</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Void - Susan Davis For Congress-written off account</p> <p>Candidate Name Rep. Susan A. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9966527 Date of Disbursement 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Susan Davis For Congress-written off account</p>
<p>C. Full Name (Last, First, Middle Initial) Charles Boustany, Jr. for Congress</p> <p>Mailing Address 331 Beverly Drive</p> <p>City Lafayette State LA Zip Code 70503</p> <p>Purpose of Disbursement Void - Charles Boustany, Jr. for Congress-written off account</p> <p>Candidate Name Charles Boustany</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9966528 Date of Disbursement 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Charles Boustany, Jr. for Congress-written off account</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-3000.00

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

A.	Full Name (Last, First, Middle Initial) Stupak For Congress	Transaction ID: 9966529 Date of Disbursement 04 / 12 / 2011
	Mailing Address 817 Ninth Avenue PO Box 156	Amount of Each Disbursement this Period -2500.00
	City Menominee State MI Zip Code 49858	
	Purpose of Disbursement Void - Stupak For Congress-written off account	011 Category/ Type
	Candidate Name Rep. Bart Stupak	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 01	Void - Stupak For Congress-written off account

B.	Full Name (Last, First, Middle Initial) David Price for Congress	Transaction ID: 9966531 Date of Disbursement 04 / 12 / 2011
	Mailing Address PO Box 1986	Amount of Each Disbursement this Period -2500.00
	City Raleigh State NC Zip Code 27602	
	Purpose of Disbursement Void - David Price for Congress-written off account	011 Category/ Type
	Candidate Name David Price	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District: 04	Void - David Price for Congress-written off account

C.	Full Name (Last, First, Middle Initial) Lobiondo For Congress	Transaction ID: 9966533 Date of Disbursement 04 / 12 / 2011
	Mailing Address P.O. Box 550	Amount of Each Disbursement this Period -2000.00
	City Vineland State NJ Zip Code 08362	
	Purpose of Disbursement Void - Lobiondo For Congress-written off account	011 Category/ Type
	Candidate Name Rep. Frank A. LoBiondo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 02	Void - Lobiondo For Congress-written off account

SUBTOTAL of Disbursements This Page (optional) ▶

-7000.00

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

A. Full Name (Last, First, Middle Initial) Committee to Reelect Ed Towns Mailing Address 438 Lewis Avenue City Brooklyn State NY Zip Code 11233 Purpose of Disbursement Void - Committee to Reelect Ed Towns-written off account Candidate Name Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9966536 Date of Disbursement 04 / 12 / 2011 Amount of Each Disbursement this Period -3000.00 Void - Committee to Reelect Ed Towns-written off account
	Category/Type 011

B. Full Name (Last, First, Middle Initial) Russ Carnahan for Congress Mailing Address 7370 Manchester Road Ste 20 City St Louis State MO Zip Code 63143 Purpose of Disbursement Void - Russ Carnahan for Congress-written off account Candidate Name Russ Carnahan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9966537 Date of Disbursement 04 / 12 / 2011 Amount of Each Disbursement this Period -5000.00 Void - Russ Carnahan for Congress-written off account
	Category/Type 011

C. Full Name (Last, First, Middle Initial) Coffman For Congress Mailing Address 9249 South Broadway #200-501 City Highlands Ranch State CO Zip Code 80129 Purpose of Disbursement Void - Coffman For Congress Inc.-written off account Candidate Name Rep. Mike Coffman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9966538 Date of Disbursement 04 / 12 / 2011 Amount of Each Disbursement this Period -1500.00 Void - Coffman For Congress Inc.-written off account
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

-9500.00

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

A.	Full Name (Last, First, Middle Initial) Bill Cassidy For Congress	Transaction ID: 9966539 Date of Disbursement 04 / 12 / 2011
	Mailing Address 8550 United Plaza Blvd. Suite 1001	Amount of Each Disbursement this Period -1000.00
	City Baton Rouge State LA Zip Code 70809	
	Purpose of Disbursement Void - Bill Cassidy For Congress-written off account	011 Category/ Type
	Candidate Name Rep. William Cassidy, MD	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Bill Cassidy For Congress-written off account

B.	Full Name (Last, First, Middle Initial) Welch For Congress	Transaction ID: 9966540 Date of Disbursement 04 / 12 / 2011
	Mailing Address PO Box 1682	Amount of Each Disbursement this Period -1000.00
	City Burlington State VT Zip Code 05402	
	Purpose of Disbursement Void - Welch For Congress-written off account	011 Category/ Type
	Candidate Name Rep. Peter Welch	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Welch For Congress-written off account

C.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 9966541 Date of Disbursement 04 / 12 / 2011
	Mailing Address P.O. Box 17813	Amount of Each Disbursement this Period -2500.00
	City Richmond State VA Zip Code 23226	
	Purpose of Disbursement Void - Cantor For Congress-written off account	011 Category/ Type
	Candidate Name Rep. Eric I. Cantor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Cantor For Congress-written off account

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

A.	Full Name (Last, First, Middle Initial) Solidarity PAC	Transaction ID: 9966542 Date of Disbursement 04 / 12 / 2011
	Mailing Address 301 4th Street, NE	Amount of Each Disbursement this Period -5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Void - Solidarity PAC-written off account	011 Category/ Type
	Candidate Name Solidarity PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Solidarity PAC-written off account
	State: District:	

B.	Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite	Transaction ID: 9966543 Date of Disbursement 04 / 12 / 2011
	Mailing Address PO Box 865	Amount of Each Disbursement this Period -1500.00
	City Brooksville State FL Zip Code 34605	
	Purpose of Disbursement Void - Friends Of Ginny Brown-Waite-written off account	011 Category/ Type
	Candidate Name Rep. Virginia Brown-Waite	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Friends Of Ginny Brown-Waite-written off account
	State: FL District: 05	

C.	Full Name (Last, First, Middle Initial) Our Congress PAC	Transaction ID: 9966544 Date of Disbursement 04 / 12 / 2011
	Mailing Address PO Box 344	Amount of Each Disbursement this Period -5000.00
	City Prescott State AR Zip Code 71857	
	Purpose of Disbursement Void - Our Congress PAC-written off account	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Our Congress PAC-written off account
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

-11500.00

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

<p>A. Full Name (Last, First, Middle Initial) Minnick For Congress</p> <p>Mailing Address 8150 West Emerald, Ste. 170</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Void - Minnick For Congress-written off account</p> <p>Candidate Name Rep. Walter Clifford Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9966545 Date of Disbursement: 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Minnick For Congress-written off account</p>
<p>B. Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray for Congress</p> <p>Mailing Address 2466 Unicornio Street</p> <p>City Carlsbad State CA Zip Code 92009</p> <p>Purpose of Disbursement Void - Re-Elect Brian Bilbray for Congress-written off account</p> <p>Candidate Name Brian Bilbray</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9966546 Date of Disbursement: 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/ Type</p> <p>Void - Re-Elect Brian Bilbray for Congress-written off account</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza</p> <p>Mailing Address 555 Capital Mall, Ste 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Void - Friends of Dennis Cardoza-written off account</p> <p>Candidate Name Dennis Cardoza</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9966547 Date of Disbursement: 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Friends of Dennis Cardoza-written off account</p>

SUBTOTAL of Disbursements This Page (optional) ►

-2500.00

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

<p>A. Full Name (Last, First, Middle Initial) Marco Rubio For Us Senate</p> <p>Mailing Address PO Box 140420</p> <p>City Miami State FL Zip Code 33114</p> <p>Purpose of Disbursement Void - Marco Rubio For Us Senate-written off account</p> <p>Candidate Name Sen. Marco Rubio</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9966548 Date of Disbursement 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -3500.00</p> <p>011 Category/ Type</p> <p>Void - Marco Rubio For Us Senate-written off account</p>
<p>B. Full Name (Last, First, Middle Initial) Bill Cassidy For Congress</p> <p>Mailing Address 8550 United Plaza Blvd. Suite 1001</p> <p>City Baton Rouge State LA Zip Code 70809</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. William Cassidy, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9974359 Date of Disbursement 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address P.O. Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9978426 Date of Disbursement 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

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0.00

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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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Udall For Us All</p> <p>Mailing Address PO Box 25766</p> <p>City Albuquerque State NM Zip Code 87125</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Tom Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9978428 Date of Disbursement 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 700 13th Street, Nw Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9978429 Date of Disbursement 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9978431 Date of Disbursement 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

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

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<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

A.	Full Name (Last, First, Middle Initial) Walden for Congress	Transaction ID: 9978432 Date of Disbursement 04 / 13 / 2011
	Mailing Address PO Box 1091	Amount of Each Disbursement this Period 2500.00
	City Hood River State OR Zip Code 97031	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Greg Walden	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

B.	Full Name (Last, First, Middle Initial) Upton For All Of Us	Transaction ID: 9978435 Date of Disbursement 04 / 13 / 2011
	Mailing Address P.O. Box 490	Amount of Each Disbursement this Period 5000.00
	City St. Joseph State MI Zip Code 49085	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Rep. Frederick Stephen Upton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

C.	Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 9980742 Date of Disbursement 04 / 15 / 2011
	Mailing Address PO Box 16646	Amount of Each Disbursement this Period 1000.00
	City Milwaukee State WI Zip Code 53216	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Rep. Gwendolynne Moore	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

<p>A. Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9980743 Date of Disbursement 04 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9980744 Date of Disbursement 04 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Jaime For Congress</p> <p>Mailing Address PO Box 1614</p> <p>City Ridgefield State WA Zip Code 98642</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Jaime Herrera Beutler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9980745 Date of Disbursement 04 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

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6000.00

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

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<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

A.	Full Name (Last, First, Middle Initial) Republican National Committee <hr/> Mailing Address 310 First Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution to RNC for 2011 PAC Membership Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9980747 Date of Disbursement 04 / 15 / 2011 <hr/> Amount of Each Disbursement this Period 15000.00 <hr/> Contribution to RNC for 2011 PAC Membership
B.	Full Name (Last, First, Middle Initial) Kind For Congress Committee <hr/> Mailing Address 205 5th Avenue South <hr/> City La Crosse State WI Zip Code 54601 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Ron Kind <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9986469 Date of Disbursement 04 / 20 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution to Federal Candidate
C.	Full Name (Last, First, Middle Initial) Stutzman For Congress <hr/> Mailing Address 0250 W 600 N <hr/> City Howe State IN Zip Code 46746 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Marlin Stutzman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9986470 Date of Disbursement 04 / 20 / 2011 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional) ▶	18000.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<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

<p>A. Full Name (Last, First, Middle Initial) Marcia Fudge For Congress</p> <p>Mailing Address 3729 Silsby Rd</p> <p>City University Heights State OH Zip Code 44118</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Marcia L. Fudge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9988136 Date of Disbursement 04 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) John Sullivan For Congress, Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa, State OK Zip Code 74147</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9988137 Date of Disbursement 04 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address PO Box 701</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Tom Graves</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9988138 Date of Disbursement 04 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

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8500.00

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

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<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bob Corker For Senate 2012</p> <p>Mailing Address PO Box 848</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sen. Robert Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9989087 Date of Disbursement 04 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kansans For Huelskamp</p> <p>Mailing Address PO Box 410</p> <p>City Fowler State KS Zip Code 67844</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Tim Huelskamp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9993036 Date of Disbursement 04 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mikulski For Senate</p> <p>Mailing Address 1629 Thames Street Suite 400</p> <p>City Baltimore State MD Zip Code 21231</p> <p>Purpose of Disbursement Void - Mikulski For Senate-written off account</p> <p>Candidate Name Barbara Mikulski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9993574 Date of Disbursement 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/ Type</p> <p>Void - Mikulski For Senat-e-written off account</p>

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1500.00

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

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<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

<p>A. Full Name (Last, First, Middle Initial) Paul Gosar For Congress</p> <p>Mailing Address 2222 E. Cedar Ave.</p> <p>City Flagstaff State AZ Zip Code 86004</p> <p>Purpose of Disbursement Earmark by James Karłowicz-transmitted by original check</p> <p>Candidate Name Rep. Paul Gosar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9997991 Date of Disbursement 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] Earmark by James Karłowicz-transmitted by original check</p>
<p>B. Full Name (Last, First, Middle Initial) Paul Gosar For Congress</p> <p>Mailing Address 2222 E. Cedar Ave.</p> <p>City Flagstaff State AZ Zip Code 86004</p> <p>Purpose of Disbursement Earmark by Matthew Neary-transmitted by original check</p> <p>Candidate Name Rep. Paul Gosar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9997992 Date of Disbursement 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] Earmark by Matthew Neary-transmitted by original check</p>
<p>C. Full Name (Last, First, Middle Initial) Paul Gosar For Congress</p> <p>Mailing Address 2222 E. Cedar Ave.</p> <p>City Flagstaff State AZ Zip Code 86004</p> <p>Purpose of Disbursement Earmark by Burton Job-transmitted by original check</p> <p>Candidate Name Rep. Paul Gosar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9997993 Date of Disbursement 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] Earmark by Burton Job-transmitted by original check</p>

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

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<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

<p>A. Full Name (Last, First, Middle Initial) Paul Gosar For Congress</p> <p>Mailing Address 2222 E. Cedar Ave.</p> <p>City Flagstaff State AZ Zip Code 86004</p> <p>Purpose of Disbursement Earmark by Kenneth McDougall-transmitted by original check</p> <p>Candidate Name Rep. Paul Gosar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9997994 Date of Disbursement: 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] Earmark by Kenneth McDougall-transmitted by original check</p>
<p>B. Full Name (Last, First, Middle Initial) Paul Gosar For Congress</p> <p>Mailing Address 2222 E. Cedar Ave.</p> <p>City Flagstaff State AZ Zip Code 86004</p> <p>Purpose of Disbursement Earmark by Donald Simpson-transmitted by original check</p> <p>Candidate Name Rep. Paul Gosar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9997997 Date of Disbursement: 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] Earmark by Donald Simpson-transmitted by original check</p>
<p>C. Full Name (Last, First, Middle Initial) Paul Gosar For Congress</p> <p>Mailing Address 2222 E. Cedar Ave.</p> <p>City Flagstaff State AZ Zip Code 86004</p> <p>Purpose of Disbursement Earmark by Edward Feinberg-transmitted by original check</p> <p>Candidate Name Rep. Paul Gosar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9997998 Date of Disbursement: 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] Earmark by Edward Feinberg-transmitted by original check</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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

<p>A. Full Name (Last, First, Middle Initial) Paul Gosar For Congress</p> <p>Mailing Address 2222 E. Cedar Ave.</p> <p>City Flagstaff State AZ Zip Code 86004</p> <p>Purpose of Disbursement Earmark by Joseph Hagenbruch-transmitted by original check</p> <p>Candidate Name Rep. Paul Gosar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9997999 Date of Disbursement: 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] Earmark by Joseph Hagenbruch-transmitted by original check</p>
<p>B. Full Name (Last, First, Middle Initial) Paul Gosar For Congress</p> <p>Mailing Address 2222 E. Cedar Ave.</p> <p>City Flagstaff State AZ Zip Code 86004</p> <p>Purpose of Disbursement Earmark by Mark Desrosiers-transmitted by original check</p> <p>Candidate Name Rep. Paul Gosar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9998000 Date of Disbursement: 04 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] Earmark by Mark Desrosiers-transmitted by original check</p>
<p>C. Full Name (Last, First, Middle Initial) Paul Gosar For Congress</p> <p>Mailing Address 2222 E. Cedar Ave.</p> <p>City Flagstaff State AZ Zip Code 86004</p> <p>Purpose of Disbursement Earmark by mark Bierschbach-transmitted by original check</p> <p>Candidate Name Rep. Paul Gosar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9998002 Date of Disbursement: 04 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] Earmark by mark Bierschbach-transmitted by original check</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	28000.00

**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)

PAGE 32 / 32

<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

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 9993549

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	1

Amount of Each Disbursement this Period

144.74

001
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

144.74

TOTAL This Period (last page this line number only)

144.74