

**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 06 01 2009 through 06 30 2009

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 Dennis Zent

Signature of Treasurer Electronically Filed by Dr Dennis Zent Date 11 10 2009

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)

A. Form/Schedule : **F3XA**

Adjusted beginning cash on hand amount.

Transaction ID :

**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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		276141.44
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	516729.38									
(c) Total Receipts (from Line 19) .....	16662.56	746675.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	533391.94	1022816.89								
7. Total Disbursements (from Line 31) .....	209922.33	699347.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	323469.61	323469.61								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	3500.00	28000.00
(ii) Unitemized .....	11671.00	656643.95
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	15171.00	684643.95
(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) .....	15171.00	684643.95
12. Transfers From Affiliated/Other Party Committees .....	1428.45	61399.56
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.) .....	63.11	631.94
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)) .....	16662.56	746675.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16662.56	746675.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	422.33	950.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	422.33	950.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	209500.00	697300.00
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 .....	0.00	300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	300.00
29. Other Disbursements.....	0.00	797.00
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))..	209922.33	699347.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	209922.33	699347.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	15171.00	684643.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15171.00	684343.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	422.33	950.28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	422.33	950.28

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 42  
(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)  
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 ▼  
18349.56

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2009

**Transaction ID:** 7910852

Amount of Each Receipt this Period  
595.45

**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 ▼  
18398.56

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2009

**Transaction ID:** 7931282

Amount of Each Receipt this Period  
49.00

**C.** 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 ▼  
9334.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** 8014869

Amount of Each Receipt this Period  
49.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **693.45**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 42  
(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)  
North Carolina Dental PAC

Mailing Address 1600 Evans Road

City Cary State NC Zip Code 27513

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16513.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 8014872

Amount of Each Receipt this Period  
735.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	735.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1428.45



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

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

FOR LINE NUMBER: PAGE 9 / 42  
(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 Joseph J Thomas  
Mailing Address 2275 20th St  
City State Zip Code  
Vero Beach FL 32960-3045  
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  
06 / 15 / 2009  
Transaction ID: 7931036  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr F Robert Murphy  
Mailing Address 4075 57th St  
City State Zip Code  
Boulder CO 80301-3021  
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  
06 / 16 / 2009  
Transaction ID: 7932124  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr William Allen Pfeifer  
Mailing Address  
City State Zip Code  
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  
06 / 16 / 2009  
Transaction ID: 7932190  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**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 / 42  
(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 Scarlet Disse-Pfeifer

Mailing Address 6979 S Holly Circle

City State Zip Code  
Centennial CO 80112-1577

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

Name of Employer self-employed Occupation  
dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 7932191

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Brian O Coleman

Mailing Address 8527 Sand Lake Shores Dr

City State Zip Code  
Orlando FL 32836-6342

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

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

Transaction ID: 8014868

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Warren Boswell Branch

Mailing Address

City State Zip Code

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

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 8014870

Amount of Each Receipt this Period

500.00

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

1250.00

**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 / 42  
(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 Jessica L Robertson

Mailing Address 1110 W Beal Rd

City State Zip Code  
Flagstaff AZ 86001-1281

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 ▼  
750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: 8014878

Amount of Each Receipt this Period  
750.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 42	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Citibank 1		Date of Receipt	
	Mailing Address 1500 Vermont Ave Nw		M M / D D / Y Y Y Y 06 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 8041837
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	63.11
	Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	631.94	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63.11
<b>TOTAL</b> This Period (last page this line number only) .....	▶	63.11

# 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><b>A.</b> Full Name (Last, First, Middle Initial) Lance For Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement Check sent to Jim Schulz for event 6/12/09</p> <p>Candidate Name Rep. Leonard Lance</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7896431 <b>Date of Disbursement</b> 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Jim Schulz for event 6/12/09</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Check sent to Dr. Dennis Burns</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7896434 <b>Date of Disbursement</b> 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Dennis Burns</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Latham For Congress</p> <p>Mailing Address P.O. Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement Check sent to Larry Carl</p> <p>Candidate Name Rep. Thomas P. Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7896439 <b>Date of Disbursement</b> 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Larry Carl</p>

**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) Ameripac  Mailing Address 499 South Capitol, SW Suite 414  City Washington State DC Zip Code 20003  Purpose of Disbursement Check sent to Frank McLaughlin Candidate Name  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: 7896440 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 5000.00  Check sent to Frank McLaughlin
B.	Full Name (Last, First, Middle Initial) Mikulski For Senate  Mailing Address 1629 Thames Street Suite 400  City Baltimore State MD Zip Code 21231  Purpose of Disbursement Check sent to Campaign per Frank McLaughlin Candidate Name Barbara Mikulski  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7896441 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 500.00  Check sent to Campaign per Frank McLaughlin
C.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress  Mailing Address PO Box 2334  City Denton State TX Zip Code 76202  Purpose of Disbursement Check sent to Dr. John Findley Candidate Name Rep. Michael C. Burgess, M.D.  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7896910 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00  Check sent to Dr. John Findley

**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)

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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><b>A.</b> Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Check sent to Dr. Tim Hession for event 5/28/09</p> <p>Candidate Name Rep. Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7896911 <b>Date of Disbursement:</b> 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Tim Hession for event 5/28/09</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address PO Box 1024</p> <p>City Mount Laurel State NJ Zip Code 08054</p> <p>Purpose of Disbursement Check sent to Jim Schulz for delivery by Dr. Mike Etter</p> <p>Candidate Name Mr. John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7900779 <b>Date of Disbursement:</b> 06 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Jim Schulz for delivery by Dr. Mike Etter</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Steve Austria For Congress</p> <p>Mailing Address 2537 Obetz Dr</p> <p>City Beaver creek State OH Zip Code 45434</p> <p>Purpose of Disbursement Check sent to Dave Owsiany for event 6/15/09</p> <p>Candidate Name Rep. Steve Austria</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7901284 <b>Date of Disbursement:</b> 06 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dave Owsiany for event 6/15/09</p>

**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><b>A.</b> Full Name (Last, First, Middle Initial) Sestak for Congress</p> <p>Mailing Address PO Box 16</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Check sent to Dr. Ron Bushick</p> <p>Candidate Name Joseph Sestak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7923198 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Ron Bushick</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress</p> <p>Mailing Address P.O. Box 1441</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement Check sent to Mr. Kevin Robertson</p> <p>Candidate Name Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7923200 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Kevin Robertson</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Re-Elect McGovern Committee</p> <p>Mailing Address PO Box 60405</p> <p>City Worcester State MA Zip Code 01606</p> <p>Purpose of Disbursement Check sent to Dr. Art Eddy</p> <p>Candidate Name Rep. James P. McGovern</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7923201 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Art Eddy</p>

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

6000.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) Comm. To Re-Elect Nydia Velazquez</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement Check sent to Dr. Lauro Medrano</p> <p>Candidate Name Nydia Velazquez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7923202 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Lauro Medrano</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bralley for Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Check sent to Campaign for Physicians Breakfast 5/06/09</p> <p>Candidate Name Rep. Bruce Bralley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7923207 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for Physicians Breakfast 5/06-/09</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Thompson For Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Check sent to Dr. Jim Wood for event 6/20/09</p> <p>Candidate Name Mr. C Michael Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7923208 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Jim Wood for event 6/20/09</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6500.00

**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) Mikulski For Senate	Transaction ID: 7923209 Date of Disbursement 06 / 09 / 2009
	Mailing Address 1629 Thames Street Suite 400	Amount of Each Disbursement this Period 1000.00
	City Baltimore State MD Zip Code 21231	
	Purpose of Disbursement Check sent to Campaign with permission from state for event 4/22/09	011 Category/Type
	Candidate Name Barbara Mikulski	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign with permission from state for event 4/22/09

B.	Full Name (Last, First, Middle Initial) Citizens For Tom Petri	Transaction ID: 7923210 Date of Disbursement 06 / 09 / 2009
	Mailing Address P.O. Box 270	Amount of Each Disbursement this Period 2500.00
	City Fond Du Lac State WI Zip Code 54936	
	Purpose of Disbursement Check sent to Dr. Mark Huberty for event 6/27/09	011 Category/Type
	Candidate Name Rep. Thomas E. Petri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Mark Huberty for event 6/27/09

C.	Full Name (Last, First, Middle Initial) Mike McMahon For Congress	Transaction ID: 7923211 Date of Disbursement 06 / 09 / 2009
	Mailing Address 66 Arnold Street	Amount of Each Disbursement this Period 1000.00
	City Staten Island State NY Zip Code 10301	
	Purpose of Disbursement Check sent to Dr. Steve Gounardes	011 Category/Type
	Candidate Name Rep. Michael McMahon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Steve Gounardes

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Kildee For Congress</p> <p>Mailing Address PO Box 317</p> <p>City Flint State MI Zip Code 48501</p> <p>Purpose of Disbursement Check sent to Kris Nicholoff</p> <p>Candidate Name Dale Kildee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7923212 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Kris Nicholoff</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Check sent to Dr. Gene Jines</p> <p>Candidate Name Sen. Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7923213 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Gene Jines</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress</p> <p>Mailing Address PO Box 3917</p> <p>City La Mesa State CA Zip Code 91944</p> <p>Purpose of Disbursement Check sent to Dr. Doug Cassat</p> <p>Candidate Name Rep. Duncan D. Hunter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7923214 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Doug Cassat</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... **8500.00**

**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) Congressional Black Caucus PAC	Transaction ID: 7923215 Date of Disbursement
	Mailing Address 509 C St., NE	<input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Check sent to PAC for event 7/10-7/13 attended by Jennifer Fisher	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	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) ▼
		Check sent to PAC for event 7/10-7/13 attended by Jennifer Fisher

B.	Full Name (Last, First, Middle Initial) Sawtooth PAC	Transaction ID: 7923216 Date of Disbursement
	Mailing Address 7849 Middy Lane	<input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Alexandria State VA Zip Code 22306	Amount of Each Disbursement this Period
	Purpose of Disbursement Check delivered by Kathleen Ford for event 6/10/09	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	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) ▼
		Check delivered by Kathleen Ford for event 6/10/09

C.	Full Name (Last, First, Middle Initial) Empowering Each Community PAC	Transaction ID: 7923217 Date of Disbursement
	Mailing Address 5530 Wisconsin Ave. Suite 1209	<input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chevy Chase State MD Zip Code 20815	Amount of Each Disbursement this Period
	Purpose of Disbursement Check sent to Frank McLaughlin	<input type="text" value="2500.00"/>
	Candidate Name Empowering Each Community PAC	<input type="text" value="011"/> Category/Type
	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) ▼
		Check sent to Frank McLaughlin

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 21 / 42

<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><b>A.</b> Full Name (Last, First, Middle Initial) 2009 Senator's Classic Committee</p> <p>Mailing Address 228 S. Washington St. Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Check delivered by Michael Graham and Dr. Roger Triftshauser at event June 12-14, 2009</p> <p>Candidate Name</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><b>Transaction ID:</b> 7925269 <b>Date of Disbursement</b> 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>Check delivered by Michael Graham and Dr. Roger Triftshauser at event June 12-14, 2009</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Judy Chu For Congress</p> <p>Mailing Address 777 S Figueroa Street Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Check sent to Dr. Don Hugh</p> <p>Candidate Name Judy Chu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7925270 <b>Date of Disbursement</b> 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check sent to Dr. Don Hugh</p>
<p><b>C.</b> 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 Check sent to Jim Schulz</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7925271 <b>Date of Disbursement</b> 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check sent to Jim Schulz</p>

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

25000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)  
Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Check sent to Jim Schulz

Candidate Name  
Rep. Frank Pallone, Jr.

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7925272  
Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

5000.00

Check sent to Jim Schulz

B.

Full Name (Last, First, Middle Initial)  
McCotter Congressional Committee

Mailing Address P.O. Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement  
Check sent to Kris Nicholoff

Candidate Name  
Rep. Thaddeus G. McCotter

Office Sought:  House  Senate  President  
State: MI District: 11

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7940377  
Date of Disbursement

06 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

Check sent to Kris Nicholoff

C.

Full Name (Last, First, Middle Initial)  
Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
Check sent to Campaign for event hosted by Jennifer Fisher 6/15/09

Candidate Name  
Rep. James E. Clyburn

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 7941725  
Date of Disbursement

06 / 16 / 2009

Amount of Each Disbursement this Period

2500.00

Check sent to Campaign for event hosted by Jennifer Fisher 6/15/09

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

8500.00

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><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 313 17th Street P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61202</p> <p>Purpose of Disbursement Check sent to Campaign for event 5/19/09--ok'd by IL Dental</p> <p>Candidate Name Rep. Phil Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7941726 <b>Date of Disbursement</b> 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event 5/19/09--ok'd by IL Dental</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Doyle for Congress</p> <p>Mailing Address 2227 Hampton Street</p> <p>City Pittsburgh State PA Zip Code 15218</p> <p>Purpose of Disbursement Check sent to Dr. Edmund Effort for event 6/24/09</p> <p>Candidate Name Michael Doyle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7941727 <b>Date of Disbursement</b> 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Edmund Effort for event 6/24/09</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rob Wittman for Congress</p> <p>Mailing Address 14877 Kings Highway PO Box 999</p> <p>City Montross State VA Zip Code 22520</p> <p>Purpose of Disbursement Check sent to Dr. Scott Berman</p> <p>Candidate Name Rob Wittman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7941728 <b>Date of Disbursement</b> 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Scott Berman</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Massa For Congress</p> <p>Mailing Address 60 East Market Street Suite 244</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement Check sent to Campaign per Dr. Mark Feldman</p> <p>Candidate Name Rep. Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7941729 <b>Date of Disbursement:</b> 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/Type</p> <p>Check sent to Campaign per Dr. Mark Feldman</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Minnick For Congress</p> <p>Mailing Address 8150 W Emerald Street Suite 170</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Check sent to Dr. Quinn Dufurrena for event 6/20/09</p> <p>Candidate Name Rep. Walter 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><b>Transaction ID:</b> 7941730 <b>Date of Disbursement:</b> 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/Type</p> <p>Check sent to Dr. Quinn Dufurrena for event 6/20/-09</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address 2525 N Baker Dr</p> <p>City Canby State OR Zip Code 97013</p> <p>Purpose of Disbursement Check sent to Campaign per Mr. Bill Zepp</p> <p>Candidate Name Rep. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7941731 <b>Date of Disbursement:</b> 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/Type</p> <p>Check sent to Campaign per Mr. Bill Zepp</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nelson for U.S. Senate  Mailing Address PO Box 8666  City Omaha State NE Zip Code 68108  Purpose of Disbursement Check sent to Dr. Ed Vigna for event 6/3/09 Candidate Name Ben Nelson  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 7961710 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period  2500.00  Check sent to Dr. Ed Vigna for event 6/3/09
<b>B.</b>	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 Void - Congressional Majority Committee PAC-check returned due to incorrect title of PAC 6/17/09 Candidate Name Majority Committee PAC  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) ▼	<b>Transaction ID:</b> 7976557 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period  -2500.00  Void - Congressional Majority Committee PAC-check returned due to incorrect title of PAC 6/17/09
<b>C.</b>	Full Name (Last, First, Middle Initial) Committee to Reelect Ed Towns  Mailing Address 2232 Rayburn House Office Building  City Washington State DC Zip Code 20515  Purpose of Disbursement Check delivered by Bill Prentice 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) ▼	<b>Transaction ID:</b> 7985898 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period  3000.00  Check delivered by Bill Prentice

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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) Friends Of Carolyn Mccarthy	Transaction ID: 7987592 Date of Disbursement 06 / 18 / 2009
	Mailing Address 151 Linden Road	Amount of Each Disbursement this Period 1000.00
	City Mineola State NY Zip Code 11501	
	Purpose of Disbursement Check delivered by Kathleen Ford	011 Category/ Type
	Candidate Name Rep. Carolyn McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check delivered by Kathleen Ford

B.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress	Transaction ID: 7987593 Date of Disbursement 06 / 18 / 2009
	Mailing Address PO Box 24551	Amount of Each Disbursement this Period 5000.00
	City Pttsburgh State PA Zip Code 15234	
	Purpose of Disbursement Check sent to Dr. Jay Wells	011 Category/ Type
	Candidate Name Rep. Tim F. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Jay Wells

C.	Full Name (Last, First, Middle Initial) Leadership for America's Future	Transaction ID: 7987594 Date of Disbursement 06 / 18 / 2009
	Mailing Address 228 S. Washington St. Suite 115	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Check delivered by Kathleen Ford	011 Category/ Type
	Candidate Name Leadership for America's Future	
	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) ▼
		Check delivered by Kathleen Ford

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8500.00
<b>TOTAL</b> 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) Donald A. Manzullo For Congress	Transaction ID: 7987601 Date of Disbursement 06 / 18 / 2009
	Mailing Address PO Box 7783	Amount of Each Disbursement this Period 2000.00
	City Rockford State IL Zip Code 61126	
	Purpose of Disbursement Check sent to Dr. Perry Tuneberg	011 Category/ Type
	Candidate Name Rep. Donald A. Manzullo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Perry Tuneberg

B.	Full Name (Last, First, Middle Initial) Friends Of Bill Posey	Transaction ID: 7987602 Date of Disbursement 06 / 18 / 2009
	Mailing Address 1824 South Fiske Boulevard	Amount of Each Disbursement this Period 2000.00
	City Rockledge State FL Zip Code 32955	
	Purpose of Disbursement Check sent to Dr. Jerry Bird	011 Category/ Type
	Candidate Name Mr. Bill Posey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Jerry Bird

C.	Full Name (Last, First, Middle Initial) Marcia Fudge For Congress	Transaction ID: 7987603 Date of Disbursement 06 / 18 / 2009
	Mailing Address 3729 Silsby Rd	Amount of Each Disbursement this Period 2500.00
	City University Heights State OH Zip Code 44118	
	Purpose of Disbursement Check sent to Dr. Roderick Adams	011 Category/ Type
	Candidate Name Marcia Fudge	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Roderick Adams

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Come Back PAC</p> <p>Mailing Address PO Box 2485</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Check sent to Dr. Jay Wells</p> <p>Candidate Name Come Back 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><b>Transaction ID:</b> 7987604 <b>Date of Disbursement</b> 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Jay Wells</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Andre Carson For Congress</p> <p>Mailing Address One North Capitol Street #211</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Check sent to Mr. Ed Popchreff</p> <p>Candidate Name Andre Carson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7987606 <b>Date of Disbursement</b> 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Ed Popchreff</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bilirakis for Congress</p> <p>Mailing Address 610 S Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Check sent to Dr. Dan Bertoch</p> <p>Candidate Name Gus Bilirakis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7989871 <b>Date of Disbursement</b> 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Dan Bertoch</p>

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

7500.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Majority Initiative to Keep Electing Republicans Mailing Address PO Box 65796 City Washington State DC Zip Code 20035 Purpose of Disbursement Check sent to Kris Nicholoff Candidate Name 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: 7989873 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 Check sent to Kris Nicholoff

<b>B.</b> Full Name (Last, First, Middle Initial) John Tierney For Congress Mailing Address 49 Federal Street City Salem State MA Zip Code 01970 Purpose of Disbursement Check sent to Dr. David Becker Candidate Name John Tierney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7990535 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00 Check sent to Dr. David Becker

<b>C.</b> Full Name (Last, First, Middle Initial) Chris Lee For Congress Mailing Address PO Box 15395 City Rochester State NY Zip Code 14615 Purpose of Disbursement Check sent to Campaign per Dr. Roger Triftshauer Candidate Name Rep. Christopher Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7990536 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Check sent to Campaign per Dr. Roger Triftshauer

**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><b>A.</b> Full Name (Last, First, Middle Initial) Citizens For Tom Petri</p> <p>Mailing Address P.O. Box 270</p> <p>City Fond Du Lac State WI Zip Code 54936</p> <p>Purpose of Disbursement Check sent to Dr. Paul Gruber</p> <p>Candidate Name Rep. Thomas E. Petri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7990537 <b>Date of Disbursement</b> 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Paul Gruber</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 Ne Holladay Suite 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Check sent to Campaign per Brett Hamilton</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7990538 <b>Date of Disbursement</b> 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign per Brett Hamilton</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 Ne Holladay Suite 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Check sent to Campaign per Brett Hamilton</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7990543 <b>Date of Disbursement</b> 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign per Brett Hamilton</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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) Peters For Congress	Transaction ID: 7990544 Date of Disbursement 06 / 23 / 2009
	Mailing Address PO Box 226	Amount of Each Disbursement this Period 1000.00
	City Bloomfield Hills State MI Zip Code 48303	
	Purpose of Disbursement Check sent to Campaign per Kris Nicholoff	011 Category/ Type
	Candidate Name Mr. Gary Peters	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign per Kris Nicholoff

B.	Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc	Transaction ID: 7990545 Date of Disbursement 06 / 23 / 2009
	Mailing Address 6850 Austin Centre Blvd Suite 180	Amount of Each Disbursement this Period 2500.00
	City Austin State TX Zip Code 78731	
	Purpose of Disbursement Check sent to Dr. Warren Branch	011 Category/ Type
	Candidate Name Sen. John Cornyn	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Warren Branch

C.	Full Name (Last, First, Middle Initial) Scalise For Congress	Transaction ID: 7990546 Date of Disbursement 06 / 23 / 2009
	Mailing Address 3100 Ridgelake Suite 309	Amount of Each Disbursement this Period 1000.00
	City Metairie State LA Zip Code 70002	
	Purpose of Disbursement Check sent to Campaign for event 4/22/09 attended by Kathleen Ford	011 Category/ Type
	Candidate Name Steve Scalise	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign for event 4/22/09 attended by Kathleen Ford

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Committee To Elect Alan Grayson</p> <p>Mailing Address 8419 Oak Park Road</p> <p>City Orlando State FL Zip Code 32819</p> <p>Purpose of Disbursement Check sent to Dr. Anthony Wong</p> <p>Candidate Name Rep. Alan Grayson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7990547 <b>Date of Disbursement</b> 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Anthony Wong</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Lee Terry For Congress</p> <p>Mailing Address P.O. Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement Check sent to Campaign per Dr. Ed Vigna</p> <p>Candidate Name Rep. Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7990548 <b>Date of Disbursement</b> 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign per Dr. Ed Vigna</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Russ Carnahan for Congress</p> <p>Mailing Address 7370 Manchester Road Ste 20</p> <p>City St Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement Check sent to Dr. Bob Butler</p> <p>Candidate Name Russ Carnahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7990552 <b>Date of Disbursement</b> 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Bob Butler</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

10000.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) Martin Heinrich For Congress</p> <p>Mailing Address 2118 Central Avenue Se #71</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement Check sent to Mark Moores</p> <p>Candidate Name Mr. Martin Heinrich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8006087 <b>Date of Disbursement</b> 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Mark Moores</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Quigley For Congress</p> <p>Mailing Address 1244 West Eddy St</p> <p>City Chicago State IL Zip Code 60657</p> <p>Purpose of Disbursement Check sent to Dr. Mary Hayes</p> <p>Candidate Name Mike Quigley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8006088 <b>Date of Disbursement</b> 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Mary Hayes</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address PO Box 1024</p> <p>City Mount Laurel State NJ Zip Code 08054</p> <p>Purpose of Disbursement Check sent to Jim Schulz</p> <p>Candidate Name Mr. John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8006094 <b>Date of Disbursement</b> 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Jim Schulz</p>

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

6500.00

**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)

PAGE 34 / 42

<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><b>A.</b> Full Name (Last, First, Middle Initial) Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Check sent to Dr. Jay Walton</p> <p>Candidate Name Rep. Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8006096 <b>Date of Disbursement</b> 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Check sent to Dr. Jay Walton</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Badger PAC</p> <p>Mailing Address 1831 Bay Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Check sent to Dr. Tim Durtsche</p> <p>Candidate Name Badger 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><b>Transaction ID:</b> 8006097 <b>Date of Disbursement</b> 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check sent to Dr. Tim Durtsche</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Frank Lucas For Congress Comm.</p> <p>Mailing Address PO Box 1726</p> <p>City Oklahoma City State OK Zip Code 73101</p> <p>Purpose of Disbursement Check sent to Dr. Kurt Gibson</p> <p>Candidate Name Frank Lucas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8006130 <b>Date of Disbursement</b> 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Dr. Kurt Gibson</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

A.	Full Name (Last, First, Middle Initial) Walter Jones for Congress Committee	Transaction ID: 8006132 Date of Disbursement
	Mailing Address PO Box 99667	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27624	Amount of Each Disbursement this Period
	Purpose of Disbursement Check sent to Dr. Bert Warren	<input type="text" value="1000.00"/>
	Candidate Name Walter Jones	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Bert Warren

B.	Full Name (Last, First, Middle Initial) Moving America Forward PAC	Transaction ID: 8006133 Date of Disbursement
	Mailing Address 500 Red Sail Way	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Satellite Beach State FL Zip Code 32937	Amount of Each Disbursement this Period
	Purpose of Disbursement Check sent to Dr. Jay Walton	<input type="text" value="3500.00"/>
	Candidate Name Moving America Forward PAC	<input type="text" value="011"/> Category/ Type
	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) ▼
		Check sent to Dr. Jay Walton

C.	Full Name (Last, First, Middle Initial) Kosmas For Congress	Transaction ID: 8009007 Date of Disbursement
	Mailing Address PO Box 1547	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City New Smyrna Beach State FL Zip Code 32170	Amount of Each Disbursement this Period
	Purpose of Disbursement Check sent to Campaign	<input type="text" value="2000.00"/>
	Candidate Name Rep. Suzanne Kosmas	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**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><b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress</p> <p>Mailing Address PO Box 49756</p> <p>City Blaine State MN Zip Code 55449</p> <p>Purpose of Disbursement Check sent to Dr. Kathleen McCann</p> <p>Candidate Name Michele Bachmann</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8009008 <b>Date of Disbursement:</b> 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Kathleen McCann</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee</p> <p>Mailing Address Post Office Box 2145</p> <p>City West Columbia State SC Zip Code 29171</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. Joe Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8009009 <b>Date of Disbursement:</b> 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Senate Conservatives Fund PAC</p> <p>Mailing Address 228 S Washington St. Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Check sent to PAC for event 5/20/09</p> <p>Candidate Name Senate Conservatives Fund 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><b>Transaction ID:</b> 8011217 <b>Date of Disbursement:</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to PAC for event 5/20/09</p>

**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) McCotter Congressional Committee	Transaction ID: 8011218 Date of Disbursement 06 / 26 / 2009
	Mailing Address P.O. Box 530788	Amount of Each Disbursement this Period 3000.00
	City Livonia State MI Zip Code 48153	
	Purpose of Disbursement Check sent to Kris Nicholoff	011 Category/ Type
	Candidate Name Rep. Thaddeus G. McCotter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Kris Nicholoff

B.	Full Name (Last, First, Middle Initial) Committee to Reelect Ed Towns	Transaction ID: 8011219 Date of Disbursement 06 / 26 / 2009
	Mailing Address 2232 Rayburn House Office Building	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20515	
	Purpose of Disbursement Check sent to Campaign, meeting with ATL will occur in August	011 Category/ Type
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign, meeting with ATL will occur in August

C.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee	Transaction ID: 8011220 Date of Disbursement 06 / 26 / 2009
	Mailing Address PO Box 360	Amount of Each Disbursement this Period 5000.00
	City Prescott State AR Zip Code 71857	
	Purpose of Disbursement Check sent to Campaign, meeting with ATL will occur in August	011 Category/ Type
	Candidate Name Rep. Michael A. Ross	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign, meeting with ATL will occur in August

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11000.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Conaway For Congress</p> <p>Mailing Address PO Box 51272</p> <p>City Midland State TX Zip Code 79710</p> <p>Purpose of Disbursement Check sent to Dr. Tommy Russell</p> <p>Candidate Name Rep. Michael K. Conaway</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8011222 <b>Date of Disbursement</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Tommy Russell</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Scott Murphy For Congress</p> <p>Mailing Address 615 Glen Street</p> <p>City Glens Falls State NY Zip Code 12801</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8011696 <b>Date of Disbursement</b> 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Adam Smith For Congress</p> <p>Mailing Address PO Box 23626</p> <p>City Federal Way State WA Zip Code 98093</p> <p>Purpose of Disbursement Check sent to Dr. Doug Walsh for event 7/1/09</p> <p>Candidate Name Adam Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8011697 <b>Date of Disbursement</b> 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Doug Walsh for event 7/1/09</p>

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address PO Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement Check sent to Campaign for event 6/3/09</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8011698 <b>Date of Disbursement</b> 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event 6/3/09</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Griffith For Congress</p> <p>Mailing Address PO Box 2619</p> <p>City Huntsville State AL Zip Code 35804</p> <p>Purpose of Disbursement Check sent to Campaign for event 4/2/09</p> <p>Candidate Name R Parker Griffith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8011699 <b>Date of Disbursement</b> 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event 4/2/09</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 Grand Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement Check sent to Aaron Washburn</p> <p>Candidate Name Rep. Samuel B. Graves, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8011700 <b>Date of Disbursement</b> 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Aaron Washburn</p>

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart for Congress Cmte.</p> <p>Mailing Address 2801 Ponce De Leon Blvd Ste. 1000</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Check sent to Ms. Amber Burton</p> <p>Candidate Name Lincoln Diaz-Balart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8011701 <b>Date of Disbursement</b> 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Ms. Amber Burton</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 West Lawrence St</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Check sent to Campaign per Mara Brooks at WI Dental</p> <p>Candidate Name Steven Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8011702 <b>Date of Disbursement</b> 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign per Mara Brooks at WI Dental</p>
<p><b>C.</b> 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 Check sent to Campaign</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><b>Transaction ID:</b> 8014814 <b>Date of Disbursement</b> 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>

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

3500.00

**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)

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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)  
Fund for the Majority

Mailing Address 1212 S VICTORY BLVD

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
Check sent to PAC per Pam Woudstra

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 8014815

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

Check sent to PAC per Pam Woudstra

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

209500.00

**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)

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<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  
bank fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 8041838

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

422.33

bank fees

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

422.33

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

422.33