

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 03 01 2009 through 03 31 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 **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 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | 603162.55 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 112900.53 | 542548.46 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 716063.08 | 818689.90 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 204766.87 | 307393.69 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 511296.21 | 511296.21 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: To:

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 1000.00 | 5800.00 |
| (ii) Unitemized | 95769.68 | 482759.70 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 96769.68 | 488559.70 |
| (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) | 96769.68 | 488559.70 |
| 12. Transfers From Affiliated/Other Party Committees | 15954.41 | 53559.29 |
| 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.) | 176.44 | 429.47 |
| 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)) | 112900.53 | 542548.46 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 112900.53 | 542548.46 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 169.87 | 296.69 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 169.87 | 296.69 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 203500.00 | 306000.00 |
| 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 | 300.00 | 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)) | 300.00 | 300.00 |
| 29. Other Disbursements..... | 797.00 | 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)).. | 204766.87 | 307393.69 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 204766.87 | 307393.69 |

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) | 96769.68 | 488559.70 |
| 34. Total Contribution Refunds (from Line 28(d)) | 300.00 | 300.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 96469.68 | 488259.70 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 169.87 | 296.69 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 169.87 | 296.69 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 41
(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 Steven R Fink

Mailing Address 3 The Crossway

City State Zip Code
Kinnelon NJ 07405-2403

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
03 / 06 / 2009

Transaction ID: 7726588

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr William J Bero

Mailing Address 801 Manistee Ct

City State Zip Code
Manitowoc WI 54220-3021

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 ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 11 / 2009

Transaction ID: 7750066

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Michael I Kokott

Mailing Address 5534 Grassland Trl

City State Zip Code
Middleton WI 53562-5261

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 MM / DD / YYYY
03 / 11 / 2009

Transaction ID: 7750110

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1000.00

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 8 / 41 |
| | (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 Steven R Fink | | Date of Receipt |
| | Mailing Address 3 The Crossway | | <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Kinnelon | NJ | 07405-2403 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| | Name of Employer self-employed | | Occupation dentist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="200.00"/> | Transaction ID: 8713616 |
| | | | Amount of Each Receipt this Period <input type="text" value="0.00"/> |
| | | | [MEMO ITEM] Refund(s) on Schedule B Totaling \$300.00 This changes the YTD Total to \$20-0.00 |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="0.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="1000.00"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 41
(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)
Ohio Dental PAC

Mailing Address 1370 Dublin Road

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10954.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 7726595

Amount of Each Receipt this Period
10954.00

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

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13741.20

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: 7750169

Amount of Each Receipt this Period
1132.32

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

Mailing Address One Dental Plaza
PO Box 6020

City State Zip Code
North Brunswick NJ 08902

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5857.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 7764917

Amount of Each Receipt this Period
294.00

SUBTOTAL of Receipts This Page (optional) ► **12380.32**

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 / 41
(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)
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 ▼ 7372.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 7764928

Amount of Each Receipt this Period
2443.00

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

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 14872.29

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: 7771157

Amount of Each Receipt this Period
1131.09

SUBTOTAL of Receipts This Page (optional) ► **3574.09**

TOTAL This Period (last page this line number only) ► **15954.41**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 41
(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"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 |
| | | | | | | <input checked="" type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Citibank 1

Mailing Address 1500 Vermont Ave Nw

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.47

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 7823072

Amount of Each Receipt this Period
176.44

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 176.44 |
| TOTAL This Period (last page this line number only) | ▶ | 176.44 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address P.O. Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Check sent to Dr. Gary Jeffers for event Michael Graham will attend on March 10, 2009</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 11</p> | <p>Transaction ID: 7706927 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Dr. Gary Jeffers for event Michael Graham will attend on March 10, 2009</p> |
| <p>B. Full Name (Last, First, Middle Initial) Charles Boustany, Jr. for Congress</p> <p>Mailing Address 331 Beverly Drive</p> <p>City Lafayette State LA Zip Code 70503</p> <p>Purpose of Disbursement Check sent to Dr. Bryan Pearson for event attended by Michael Graham on March 5, 2009</p> <p>Candidate Name Charles Boustany</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District: 07</p> | <p>Transaction ID: 7706935 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Dr. Bryan Pearson for event attended by Michael Graham on March 5, 2009</p> |
| <p>C. Full Name (Last, First, Middle Initial) Schock For Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement Check sent to Dr. Kevin Nelson for event attended by Michael Graham on March 5, 2009</p> <p>Candidate Name Mr. Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 18</p> | <p>Transaction ID: 7706936 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Dr. Kevin Nelson for event attended by Michael Graham on March 5, 2009</p> |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) PEN PAC</p> <p>Mailing Address PO Box 408</p> <p>City Anderson State IN Zip Code 46015</p> <p>Purpose of Disbursement Check sent to Dr. Raymond Maddox for event Michael Graham will attend on March 11, 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>Transaction ID: 7706938</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Dr. Raymond Maddox for event Michael Graham will attend on March 11, 2009</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Gene Green Campaign Committee</p> <p>Mailing Address PO Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement Check sent to Dr. Mac Coker for event on March 13, 2009</p> <p>Candidate Name Gene Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7706939</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Check sent to Dr. Mac Coker for event on March 13, 2009</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Dave Wu For Us Congress</p> <p>Mailing Address 818 Sw Third Ave. #1182</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Check sent to Mr. Brett Hamilton</p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7706942</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Mr. Brett Hamilton</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) Lucille Roybal-Allard For Congress Mailing Address P.O. Box 582 City Kensington State MD Zip Code 20895 Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on 3/11/09 Candidate Name Rep. Lucille Roybal-Allard Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 34 | Transaction ID: 7706943 Date of Disbursement 03 / 05 / 2009 |
| | Amount of Each Disbursement this Period 1000.00 Check sent to Campaign for event attended by Judy Sherman on 3/11/09 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) Mike Honda For Congress Mailing Address 50 W. San Fernando St Ste 350 City San Jose State CA Zip Code 95113 Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on 3/3/09 Candidate Name Rep. Michael M. Honda Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 15 | Transaction ID: 7706944 Date of Disbursement 03 / 05 / 2009 |
| | Amount of Each Disbursement this Period 1000.00 Check sent to Campaign for event attended by Judy Sherman on 3/3/09 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Friends For Harry Reid Mailing Address PO Box 19163 City Las Vegas State NV Zip Code 89132 Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on March 5, 2009 Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: | Transaction ID: 7706945 Date of Disbursement 03 / 05 / 2009 |
| | Amount of Each Disbursement this Period 5000.00 Check sent to Campaign for event attended by Judy Sherman on March 5, 2009 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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>A. Full Name (Last, First, Middle Initial) Murtha For Congress Committee</p> <p>Mailing Address Suite 220 551 Main Street Bt Financial Plaza Suite 220</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on February 27, 2009</p> <p>Candidate Name Rep. John P. Murtha</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7706946 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Check sent to Campaign for event attended by Judy Sherman on February 27, 2009</p> |
| <p>B. Full Name (Last, First, Middle Initial) Gerry Connolly For Congress</p> <p>Mailing Address PO Box 563</p> <p>City Merrifield State VA Zip Code 22116</p> <p>Purpose of Disbursement Check sent to Dr. HJ Barrett</p> <p>Candidate Name Rep. Gerry Connolly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7706949 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Dr. HJ Barrett</p> |
| <p>C. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement Check sent to Dr. Paul McKenna</p> <p>Candidate Name Rep. Christopher S. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7706950 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Dr. Paul McKenna</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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Zack Space For Congress Committee</p> <p>Mailing Address 123 West High Avenue</p> <p>City New Philadelphia State OH Zip Code 44663</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by JP Paluskiewicz on March 3, 2009</p> <p>Candidate Name Rep. Zachary Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7706953 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign for event attended by JP Paluskiewicz on March 3, 2009</p> |
| <p>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 for event attended by Jennifer Fisher on February 25, 2009</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>Transaction ID: 7706956 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign for event attended by Jennifer Fisher on February 25, 2009</p> |
| <p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S. Capitol St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Check presented to Rep. Chris Van Hollen by Kathleen Ford</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>Transaction ID: 7724618 Date of Disbursement 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>Check presented to Rep. Chris Van Hollen by Kathleen Ford</p> |

SUBTOTAL of Disbursements This Page (optional) ►

17000.00

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>A. Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Check sent to Dr. W Ken Rich for event attended by Michael Graham on March 6, 2009</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7727060 Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Check sent to Dr. W Ken Rich for event attended by Michael Graham on March 6, 2009</p> |
| <p>B. Full Name (Last, First, Middle Initial) Feingold Senate Committee</p> <p>Mailing Address PO Box 620062</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement Check sent to Mara Brooks for event on March 13, 2009</p> <p>Candidate Name Sen. Russell D. Feingold</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7736005 Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check sent to Mara Brooks for event on March 13, 20-09</p> |
| <p>C. Full Name (Last, First, Middle Initial) Pascrell for Congress</p> <p>Mailing Address PO Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Check sent to Mr. Jim Schulz for event on March 16, 2009</p> <p>Candidate Name William Pascrell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7736006 Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check sent to Mr. Jim Schulz for event on March 16, 2009</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 12000.00 |
| 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>A. Full Name (Last, First, Middle Initial) Dirigo PAC</p> <p>Mailing Address PO Box 1355</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement Check sent to Frances Miliano</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>Transaction ID: 7742515 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Frances Miliano</p> |
| <p>B. Full Name (Last, First, Middle Initial) Barrasso For Senate</p> <p>Mailing Address P.O. Box 51996</p> <p>City Casper State WY Zip Code 82605</p> <p>Purpose of Disbursement Check sent to Dr. John Roussalis</p> <p>Candidate Name John Barasso</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7742539 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. John Roussalis</p> |
| <p>C. Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress Cmte.</p> <p>Mailing Address 2559 East 72nd Street</p> <p>City Chicago State IL Zip Code 60649</p> <p>Purpose of Disbursement Check sent to Dr. David Miller</p> <p>Candidate Name Jesse Jackson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7742546 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. David Miller</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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>A. Full Name (Last, First, Middle Initial) Stupak For Congress</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Check sent to Mr. Kris Nicholoff</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7742557 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Kris Nicholoff</p> |
| <p>B. Full Name (Last, First, Middle Initial) PEN PAC</p> <p>Mailing Address PO Box 408</p> <p>City Anderson State IN Zip Code 46015</p> <p>Purpose of Disbursement Check sent to Dr. Raymond Maddox</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>Transaction ID: 7742574 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Raymond Maddox</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mary Bono Committee</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by JP Paluskiewicz on March 4, 2009</p> <p>Candidate Name Rep. Mary Bono</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7742584 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event attended by JP Paluskiewicz on March 4, 2009</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)

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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) Hawkeye PAC | Transaction ID: 7742587 Date of Disbursement 03 / 12 / 2009 |
| | Mailing Address PO Box 7255 | Amount of Each Disbursement this Period 2500.00 |
| | City Des Moines State IA Zip Code 50309 | |
| | Purpose of Disbursement Check sent to PAC | 011 Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Check sent to PAC |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) We the People PAC | Transaction ID: 7747334 Date of Disbursement 03 / 16 / 2009 |
| | Mailing Address P.O. Box 2232 | Amount of Each Disbursement this Period 3000.00 |
| | City Jenkintown State PA Zip Code 19046 | |
| | Purpose of Disbursement Check delivered by Kathleen Ford for event 3/16/09 | 011 Category/Type |
| | Candidate Name We the People PAC | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Check delivered by Kathleen Ford for event 3/16/09 |
| | State: District: | |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) Friends For Harry Reid | Transaction ID: 7759269 Date of Disbursement 03 / 05 / 2009 |
| | Mailing Address PO Box 19163 | Amount of Each Disbursement this Period 5000.00 |
| | City Las Vegas State NV Zip Code 89132 | |
| | Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on March 5, 2009 Funds Reported On April 2 | 011 Category/Type |
| | Candidate Name Sen. Harry Reid | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Check sent to Campaign for event attended by Judy Sherman on March 5, 2009 Funds Reported On April 2 |
| | State: NV District: | |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 5500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on March 5, 2009 Re-designated funds for t</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7759270 Date of Disbursement 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>[MEMO ITEM] Check sent to Campaign for event attended by Judy Sherman on March 5, 2009 Re-designated funds for t</p> |
| <p>B. Full Name (Last, First, Middle Initial) Peters For Congress</p> <p>Mailing Address PO Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement Check sent to Kris Nicholoff</p> <p>Candidate Name Mr. Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7764820 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Kris Nicholoff</p> |
| <p>C. Full Name (Last, First, Middle Initial) Schauer For Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Check sent to Kris Nicholoff</p> <p>Candidate Name Rep. Mark Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7764825 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Kris Nicholoff</p> |

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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>A. Full Name (Last, First, Middle Initial) Citizens For Arlen Specter</p> <p>Mailing Address 3502 Preston Court Suite 1100 Nor</p> <p>City Chevy Chase State MD Zip Code 20815</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on 2/26/2009</p> <p>Candidate Name Sen. Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7764827 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event attended by Judy Sherman on 2/26/2009</p> |
| <p>B. Full Name (Last, First, Middle Initial) Guthrie For Congress</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement Check sent to Dr. Stephen Robertson</p> <p>Candidate Name Mr. Steven Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7764832 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Stephen Robertson</p> |
| <p>C. Full Name (Last, First, Middle Initial) Loebsack for Congress</p> <p>Mailing Address 385 E. College Street</p> <p>City Iowa City State IA Zip Code 52240</p> <p>Purpose of Disbursement Check sent to Dr. Thomas Grimes for event on March 28, 2009</p> <p>Candidate Name Rep. Dave Loebsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7764833 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Thomas Grimes for event on March 28, 2009</p> |

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| 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>A. Full Name (Last, First, Middle Initial) John Salazar For Congress</p> <p>Mailing Address PO Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Check sent to Jennifer Goodrum for event on March 27, 2009</p> <p>Candidate Name Rep. John T. Salazar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7764834 Date of Disbursement: 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Jennifer Goodrum for event on March 27, 2009</p> |
| <p>B. Full Name (Last, First, Middle Initial) Perlmutter for Congress</p> <p>Mailing Address 3440 Youngfield St #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Check sent to Jennifer Goodrum for event on March 27, 2009</p> <p>Candidate Name Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7764835 Date of Disbursement: 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Jennifer Goodrum for event on March 27, 2009</p> |
| <p>C. Full Name (Last, First, Middle Initial) Levin For Congress</p> <p>Mailing Address P.O. Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement Check sent to Mr. Kris Nicholoff</p> <p>Candidate Name Rep. Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7765368 Date of Disbursement: 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Kris Nicholoff</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

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Butterfield For Congress Committee Mailing Address PO Box 2571 City Wilson State NC Zip Code 27894 Purpose of Disbursement Check sent to Dr. Stan Allen for event attended by Michael Graham on March 24, 2009 Candidate Name Rep. George K. Butterfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 7765378 Date of Disbursement 03 / 24 / 2009 |
| | Amount of Each Disbursement this Period 1000.00 Check sent to Dr. Stan Allen for event attended by Michael Graham on March 24, 2009 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin for South Dakota Mailing Address PO Box 2009 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement Check sent to Paul Knecht at South Dakota Dental Association Candidate Name Rep. Stephanie Herseth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 7765386 Date of Disbursement 03 / 24 / 2009 |
| | Amount of Each Disbursement this Period 1000.00 Check sent to Paul Knecht at South Dakota Dental Association |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) Bringing Leadership Back PAC Mailing Address PO Box 2246 City Waterloo State IA Zip Code 50704 Purpose of Disbursement Check sent to PAC per Mr. Larry Carl Candidate Name Bringing Leadership Back 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) ▼ | Transaction ID: 7765389 Date of Disbursement 03 / 24 / 2009 |
| | Amount of Each Disbursement this Period 5000.00 Check sent to PAC per Mr. Larry Carl |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Ryan For Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Check sent to Dr. Michael Kaske for event on April 13, 2009</p> <p>Candidate Name Rep. Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7765393 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Michael Kaske for event on April 13, 2009</p> |
| <p>B. Full Name (Last, First, Middle Initial) Simpson For Congress</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement Check sent to Dr. Steve Bruce</p> <p>Candidate Name Rep. Michael K. Simpson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7765394 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Steve Bruce</p> |
| <p>C. 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 for event attended by Michael Graham on 1/27/09</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>Transaction ID: 7765466 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event attended by Michael Graham on 1/27/09</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Check sent to Dr. Mike Miller for event attended by Michael Graham on March 18, 2009</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7765470 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Dr. Mike Miller for event attended by Michael Graham on March 18, 2009</p> |
| <p>B. Full Name (Last, First, Middle Initial) Blaine For Congress</p> <p>Mailing Address PO Box 25</p> <p>City Holts Summit State MO Zip Code 65043</p> <p>Purpose of Disbursement Check sent to Aaron Washburn</p> <p>Candidate Name Mr. W. Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7765476 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Check sent to Aaron Washburn</p> |
| <p>C. Full Name (Last, First, Middle Initial) Sires for Congress</p> <p>Mailing Address 6050 Blvd East, Apt 6-B</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement Check sent to Mr. Jim Schulz</p> <p>Candidate Name Albio Sires</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7765477 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Mr. Jim Schulz</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Lance For Congress | Transaction ID: 7765483 Date of Disbursement 03 / 25 / 2009 |
| | Mailing Address PO Box 225 | Amount of Each Disbursement this Period 2500.00 |
| | City Colonia State NJ Zip Code 07067 | |
| | Purpose of Disbursement Check sent to Mr. Jim Schulz | 011 Category/ Type |
| | Candidate Name Rep. Leonard Lance | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Check sent to Mr. Jim Schulz |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Diana DeGette for Congress, Inc | Transaction ID: 7765484 Date of Disbursement 03 / 25 / 2009 |
| | Mailing Address 770 Grant Street, #238 | Amount of Each Disbursement this Period 2000.00 |
| | City Denver State CO Zip Code 80203 | |
| | Purpose of Disbursement Check sent to Dr. Brett Kessler for 2 fundraising events in March 2009 in Washington, DC | 011 Category/ Type |
| | Candidate Name Diana DeGette | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Check sent to Dr. Brett Kessler for 2 fundraising events in March 2009 in Washington, DC |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Sestak for Congress | Transaction ID: 7765485 Date of Disbursement 03 / 25 / 2009 |
| | Mailing Address PO Box 16 | Amount of Each Disbursement this Period 1000.00 |
| | City Media State PA Zip Code 19063 | |
| | Purpose of Disbursement Check sent to Campaign for event attended by Michael Graham on 3/23/09 | 011 Category/ Type |
| | Candidate Name Joseph Sestak | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Check sent to Campaign for event attended by Michael Graham on 3/23/09 |

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| SUBTOTAL of Disbursements This Page (optional) | 5500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Sherman For Congress</p> <p>Mailing Address 555 So.Flower St. Suite 4210</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on 3/26/09</p> <p>Candidate Name Rep. Brad Sherman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7765486 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event attended by Judy Sherman on 3/26/09</p> |
| <p>B. Full Name (Last, First, Middle Initial) Patrick Murphy for Congress</p> <p>Mailing Address PO Box 868</p> <p>City Levittown State PA Zip Code 19058</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by Jennifer Fisher on 3/19/09</p> <p>Candidate Name Patrick Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7765491 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event attended by Jennifer Fisher on 3/19/09</p> |
| <p>C. 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 Campaign for event attended by Judy Sherman on 3/19/09</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>Transaction ID: 7765502 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event attended by Judy Sherman on 3/19/09</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 4000.00 |
| 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) Pat PAC Mailing Address 610 S. Boulevard St. City Tampa State FL Zip Code 33606 Purpose of Disbursement Check sent to PAC for event attended by Michael Graham on 3/17/09 Candidate Name Pat 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) ▼ | Transaction ID: 7765515 Date of Disbursement 03 / 25 / 2009 Amount of Each Disbursement this Period 1000.00 Check sent to PAC for event attended by Michael Graham on 3/17/09 | 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address PO Box 521048 Suite A City Salt Lake City State UT Zip Code 84152 Purpose of Disbursement Check sent to Monte Thompson for event attended by Michael Graham on 3/26/09 Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 7765518 Date of Disbursement 03 / 25 / 2009 Amount of Each Disbursement this Period 1000.00 Check sent to Monte Thompson for event attended by Michael Graham on 3/26/09 | 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Bilirakis for Congress Mailing Address 610 S Boulevard City Tampa State FL Zip Code 33606 Purpose of Disbursement Check sent to Dr. Dan Bertoch Candidate Name Gus Bilirakis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 7765528 Date of Disbursement 03 / 25 / 2009 Amount of Each Disbursement this Period 500.00 Check sent to Dr. Dan Bertoch | 011 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Ciro D. Rodriguez For Congress | Transaction ID: 7765530 Date of Disbursement |
| | Mailing Address 363 W. Harding | <input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2009"/> |
| | City San Antonio State TX Zip Code 78221 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on 3/24/09 | <input type="text" value="1000.00"/> |
| | Candidate Name Ciro Rodriguez | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Check sent to Campaign for event attended by Judy Sherman on 3/24/09 |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Lisa Murkowski- US Senate | Transaction ID: 7765622 Date of Disbursement |
| | Mailing Address PO Box 100847 | <input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2009"/> |
| | City Anchorage State AK Zip Code 99510 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on 3/25/09 | <input type="text" value="1000.00"/> |
| | Candidate Name Lisa Murkowski | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Check sent to Campaign for event attended by Judy Sherman on 3/25/09 |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan | Transaction ID: 7765662 Date of Disbursement |
| | Mailing Address PO Box 871 | <input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2009"/> |
| | City Bismarck State ND Zip Code 58502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on 3/26/09 | <input type="text" value="2000.00"/> |
| | Candidate Name Sen. Byron L. Dorgan | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Check sent to Campaign for event attended by Judy Sherman on 3/26/09 |

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|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4000.00"/> |
| TOTAL 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) 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 Campaign for event attended by Judy Sherman on 3/25/09</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>Transaction ID: 7765671 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign for event attended by Judy Sherman on 3/25/09</p> |
| <p>B. Full Name (Last, First, Middle Initial) Senate Majority Fund</p> <p>Mailing Address 507 Capitol Court NE #100</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Check sent to PAC for event attended by Michael Graham on 3/18/09</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>Transaction ID: 7765673 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to PAC for event attended by Michael Graham on 3/18/09</p> |
| <p>C. 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 Campaign for event attended by Michael Graham on 3/25/09</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>Transaction ID: 7765676 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign for event attended by Michael Graham on 3/25/09</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Check sent to Dr. Doug Walsh for event 3/19/09 in Washington, DC

Candidate Name
Rep. Rick Larsen

011
Category/
Type

Office Sought: House Senate President
State: WA District: 02
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 7765891

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

Check sent to Dr. Doug Walsh for event 3/19/09 in Washington, DC

B.

Full Name (Last, First, Middle Initial)
Markey For Congress

Mailing Address PO Box 1333

City Fort Collins State CO Zip Code 80521

Purpose of Disbursement
Check delivered by Kathleen Ford for event 3/25/09

Candidate Name
Rep. Elizabeth Markey

011
Category/
Type

Office Sought: House Senate President
State: CO District: 04
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 7765983

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

Check delivered by Kathleen Ford for event 3/25/09

C.

Full Name (Last, First, Middle Initial)
Buchanan For Congress

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34236

Purpose of Disbursement
Check sent to Campaign

Candidate Name
Vern Buchanan

011
Category/
Type

Office Sought: House Senate President
State: FL District: 00
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 7767196

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

1000.00

Check sent to Campaign

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)

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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) Yarmuth For Congress | Transaction ID: 7767197 Date of Disbursement 03 / 26 / 2009 |
| | Mailing Address 1819 Brownsboro Road Suite 100 | Amount of Each Disbursement this Period 1000.00 |
| | City Louisville State KY Zip Code 40206 | |
| | Purpose of Disbursement Check sent to Campaign | 011 Category/Type |
| | Candidate Name Mr. John Yarmuth | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Check sent to Campaign |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray for Congress | Transaction ID: 7767198 Date of Disbursement 03 / 26 / 2009 |
| | Mailing Address 2466 Unicornio Street | Amount of Each Disbursement this Period 1000.00 |
| | City Carlsbad State CA Zip Code 92009 | |
| | Purpose of Disbursement Check sent to Campaign per Dean Chalios | 011 Category/Type |
| | Candidate Name Brian Bilbray | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Check sent to Campaign per Dean Chalios |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Sestak for Congress | Transaction ID: 7767199 Date of Disbursement 03 / 26 / 2009 |
| | Mailing Address PO Box 16 | Amount of Each Disbursement this Period 1500.00 |
| | City Media State PA Zip Code 19063 | |
| | Purpose of Disbursement Check sent to Dr. Jay Wells | 011 Category/Type |
| | Candidate Name Joseph Sestak | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Check sent to Dr. Jay Wells |

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) Bluegrass Committee Mailing Address 400 N Capitol Street., NW Ste 585 City Washington State DC Zip Code 20001 Purpose of Disbursement Check sent to Ms. Kelly Knight Candidate Name | Transaction ID: 7767200 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 5000.00 Category/Type 011 Check sent to Ms. Kelly Knight |
| | |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Hoyer For Congress Mailing Address 7905 Malcolm Road Suite 102 City Clinton State MD Zip Code 20735 Purpose of Disbursement Check delivered by Frank McLaughlin Candidate Name Rep. Steny H. Hoyer | Transaction ID: 7767808 Date of Disbursement 03 / 27 / 2009 Amount of Each Disbursement this Period 5000.00 Category/Type 011 Check delivered by Frank McLaughlin |
| | |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) Castle Campaign Fund Mailing Address PO Box 133 City Wilmington State DE Zip Code 19899 Purpose of Disbursement Check sent to Campaign for event 3/30/09 Candidate Name Rep. Michael N. Castle | Transaction ID: 7767859 Date of Disbursement 03 / 27 / 2009 Amount of Each Disbursement this Period 1000.00 Category/Type 011 Check sent to Campaign for event 3/30/09 |
| | |

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| SUBTOTAL of Disbursements This Page (optional) | 11000.00 |
| 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>A. Full Name (Last, First, Middle Initial) Israel For Congress</p> <p>Mailing Address 15 Ormond Street</p> <p>City Dix Hills State NY Zip Code 11746</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on 3/25/09</p> <p>Candidate Name Steve Israel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7767885 Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event attended by Judy Sherman on 3/25/09</p> |
| <p>B. Full Name (Last, First, Middle Initial) Gingrey For Congress</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement Check sent to Campaign for event 3/30/09</p> <p>Candidate Name Rep. Phil Gingrey, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7767910 Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event 3/30/09</p> |
| <p>C. Full Name (Last, First, Middle Initial) Fattah For Congress</p> <p>Mailing Address 3900 Ford Road Suite 12-O</p> <p>City Philadelphia State PA Zip Code 19131</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. Chaka Fattah</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7769889 Date of Disbursement 03 / 27 / 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) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 41

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Republican National Committee Mailing Address City State Zip Code Purpose of Disbursement 2009 Dues 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: 7769892 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 15000.00 | 2009 Dues |
| | Category/ Type 011 | |
| | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) National Republican Congressional Committee Mailing Address 320 First Street, SE City State Zip Code Washington DC 20003 Purpose of Disbursement 2009 Dues 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: 7769894 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 15000.00 | 2009 Dues |
| | Category/ Type 011 | |
| | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City State Zip Code San Francisco CA 94104 Purpose of Disbursement Check delivered by Judy Sherman at Private Briefing Event 3/31 Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 7772046 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 5000.00 | Check delivered by Judy Sherman at Private Briefing Event 3/31 |
| | Category/ Type 011 | |
| | | |

SUBTOTAL of Disbursements This Page (optional) ►

35000.00

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>A. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Check delivered by Judy Sherman at Private Briefing Event 3/31</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 08</p> | <p>Transaction ID: 7772047</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Judy Sherman at Private Briefing Event 3/31</p> |
| <p>B. Full Name (Last, First, Middle Initial) PAC to the Future</p> <p>Mailing Address PMB 3230 268 Bush Street</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Check delivered by Judy Sherman at Private Briefing Event 3/31</p> <p>Candidate Name PAC to the Future</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7772065</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Judy Sherman at Private Briefing Event 3/31</p> |
| <p>C. Full Name (Last, First, Middle Initial) Crowley For Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement Check sent to Campaign per Beth Wanek</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 07</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7772066</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign per Beth Wanek</p> |

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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>A. Full Name (Last, First, Middle Initial) Levin For Congress</p> <p>Mailing Address P.O. Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement Void - Levin For Congress-stop payment-check lost</p> <p>Candidate Name Rep. Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7772923 Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p> <p>Void - Levin For Congress- stop payment-check lost</p> |
| <p>B. Full Name (Last, First, Middle Initial) Levin For Congress</p> <p>Mailing Address P.O. Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman on 1/31/09 (re-issue of lost check)</p> <p>Candidate Name Rep. Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7772924 Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event attended by Judy Sh- erman on 1/31/09 (re-issue of lost check)</p> |
| <p>C. 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 delivered by Judy Sherman for event 3/31/09 with state approval</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>Transaction ID: 7772945 Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Judy Sherman for event 3/31/09 with state approval</p> |

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | 203500.00 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 41

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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 checked="" 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 <hr/> Mailing Address 1500 Vermont Ave Nw <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement 2008 Federal Extension Payment-EIN 52-0913198 081112, '2008 FR-128' Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 7744532 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2009 |
| | Amount of Each Disbursement this Period 596.00 <hr/> 2008 Federal Extension Payment-EIN 52-0913198 0811-12, '2008 FR-128' |
| B. Full Name (Last, First, Middle Initial) DC Treasurer <hr/> Mailing Address DC Office of Tax & Revenue Ben Franklin Station, PO Box 601 <hr/> City Washington State DC Zip Code 20044 Purpose of Disbursement 2008 Federal Extension Payment-EIN 52-0913198 081112, '2008 FR-128' Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 7744533 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2009 |
| | Amount of Each Disbursement this Period 201.00 <hr/> 2008 Federal Extension Payment-EIN 52-0913198 0811-12, '2008 FR-128' |

SUBTOTAL of Disbursements This Page (optional) ►

797.00

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

797.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 41

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 7823075

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

169.87

SUBTOTAL of Disbursements This Page (optional)

169.87

TOTAL This Period (last page this line number only)

169.87

**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 41 / 41

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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) Dr Steven R Fink | | Transaction ID: 7823081 | |
| | Mailing Address 3 The Crossway | | Date of Disbursement MM / DD / YYYY 03 / 23 / 2009 | |
| | City Kinnelon | State NJ | Zip Code 07405-2403 | Amount of Each Disbursement this Period 300.00 |
| | Purpose of Disbursement | | 010 | |
| | Candidate Name | | Category/ Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| | State: | District: | | |

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

300.00