

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 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00000729 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2008 through 05 31 2008

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 06 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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		491747.10
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	672221.77									
(c) Total Receipts (from Line 19)	97274.18	759822.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	769495.95	1251570.07								
7. Total Disbursements (from Line 31)	178129.70	660203.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	591366.25	591366.25								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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)	12410.00	27240.00
(ii) Unitemized	75256.00	612296.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)	87666.00	639536.24
(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)	87666.00	639536.24
12. Transfers From Affiliated/Other Party Committees	9354.16	117460.97
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.)	254.02	2825.76
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))	97274.18	759822.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	97274.18	759822.97

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.....	129.70	2345.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	129.70	2345.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	178000.00	657000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	858.00
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))..	178129.70	660203.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	178129.70	660203.82

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)	87666.00	639536.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87666.00	639536.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	129.70	2345.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	129.70	2345.82

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

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

FOR LINE NUMBER: PAGE 7 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
North Carolina Dental PAC

Mailing Address 1600 Evans Road

City State Zip Code
Cary NC 27513

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
44960.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 9 / 2 0 0 8

Transaction ID: 6706113

Amount of Each Receipt this Period
7640.00

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

Mailing Address 8863 W Flamingo Rd., Ste 102

City State Zip Code
Las Vegas NV 89147

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3780.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 8

Transaction ID: 6796171

Amount of Each Receipt this Period
120.00

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

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19383.80

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 8

Transaction ID: 6796182

Amount of Each Receipt this Period
1239.16

SUBTOTAL of Receipts This Page (optional) ► **8999.16**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48
(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 ▼
11876.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 6 / 2 0 0 8

Transaction ID: 6805944

Amount of Each Receipt this Period
120.00

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 ▼
19618.80

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 8

Transaction ID: 6814484

Amount of Each Receipt this Period
235.00

SUBTOTAL of Receipts This Page (optional) ► **355.00**

TOTAL This Period (last page this line number only) ► **9354.16**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 48
(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 Daniel Patrick Witkowski

Mailing Address 312 Hoff St

City Random Lake State WI Zip Code 53075-1778

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 05 / 09 / 2008

Transaction ID: 6706134

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Thomas E Stone

Mailing Address 3904 E Cherokee St

City Springfield State MO Zip Code 65809-2931

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 05 / 12 / 2008

Transaction ID: 6804753

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr Jay C Adkins

Mailing Address

City State Zip Code

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 12 / 2008

Transaction ID: 6804756

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 48
(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 Edmund D Effort

Mailing Address 1139 Mellon St

City State Zip Code
Pittsburgh PA 15206-1525

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
05 / 12 / 2008

Transaction ID: 6804758

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Gary S Wegman

Mailing Address 1900 Holly Rd

City State Zip Code
Reading PA 19602-1513

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804759

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr Shanon T Kirchhoff

Mailing Address 1589 County Road 618

City State Zip Code
Cape Girardeau MO 63701-9219

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804760

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 48
(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 Bryan M Pope

Mailing Address 3120 Citadel Ct

City State Zip Code
Jefferson City MO 65109-5726

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
05 / 12 / 2008

Transaction ID: 6804762

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Robert M Peskin

Mailing Address 3 Robin Ln

City State Zip Code
Plainview NY 11803-2216

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804770

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr Richard James Clark, III

Mailing Address 16 Bayberry Dr

City State Zip Code
Broomall PA 19008-4413

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
05 / 12 / 2008

Transaction ID: 6804771

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 12 / 48
(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 Michael W Etter

Mailing Address

City State Zip Code

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

Name of Employer self-employed Occupation
dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804773

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Michael R Breault

Mailing Address 1204 Fernwood Dr

City State Zip Code
Schenectady NY 12309-2618

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
05 / 12 / 2008

Transaction ID: 6804774

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas W Gamba

Mailing Address 2519 S 20th St

City State Zip Code
Philadelphia PA 19145-4204

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804775

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 48
(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 Mark C Huberty

Mailing Address 325 River Oaks Dr

City State Zip Code
Sheboygan Falls WI 53085-1087

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
05 / 12 / 2008

Transaction ID: 6804776

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr Lawrence I Lipton

Mailing Address 176 Cross Hwy

City State Zip Code
Westport CT 06880-2841

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
05 / 12 / 2008

Transaction ID: 6804779

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr John Floyd Harrington, Jr

Mailing Address 274 Nelson Rd NW

City State Zip Code
Milledgeville GA 31061-9787

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
05 / 12 / 2008

Transaction ID: 6804784

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 48
(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. Keith T. Collins

Mailing Address 1939 McCulloch Blvd N # 2

City Lk Havasu Cty State AZ Zip Code 86403-5748

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 05 / 12 / 2008
Transaction ID: 6804790
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Neil J Small

Mailing Address 2804 Chariton St

City Oakton State VA Zip Code 22124-1610

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 ▼ 700.00

Date of Receipt 05 / 12 / 2008
Transaction ID: 6804791
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr David N Matthews

Mailing Address 4319 Hartman Rd

City Fort Wayne State IN Zip Code 46807-2546

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 05 / 12 / 2008
Transaction ID: 6804792
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 48
(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 Edward J Green
 Mailing Address 2105 Beattie Rd
 City Albany State GA Zip Code 31721-2101
 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 ▼ 300.00
 Date of Receipt 05 / 12 / 2008
Transaction ID: 6804798
 Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr Bryan J Shanahan
 Mailing Address 1130 N Conifer Rd
 City Flagstaff State AZ Zip Code 86001-1284
 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 05 / 12 / 2008
Transaction ID: 6804800
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr James Benjamin Lowe
 Mailing Address 2726 W Wilshire Blvd
 City Oklahoma City State OK Zip Code 73116-4015
 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 05 / 12 / 2008
Transaction ID: 6804801
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00
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 16 / 48
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Mrs. Linda Lowe

Mailing Address 2821 NW 58th Street

City State Zip Code
Oklahoma City OK 73112-7002

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

Name of Employer self-employed Occupation
self-employed homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804802

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Timothy R Kinzel

Mailing Address 4547 Hackberry Ct

City State Zip Code
Middleton WI 53562-4206

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

Name of Employer self-employed Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804803

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Gail Kinzel

Mailing Address 7007 Old South Road

City State Zip Code
Madison WI 53717

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

Name of Employer self-employed Occupation
self-employed homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 6804804

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 17 / 48
(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 Michael W Donohoo

Mailing Address 815 N 75th St

City State Zip Code
Wauwatosa WI 53213-3135

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
05 / 12 / 2008

Transaction ID: 6804809

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Martin E. Averill

Mailing Address 222 Windsor Dr

City State Zip Code
Waterloo IA 50701-4161

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
05 / 12 / 2008

Transaction ID: 6804811

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Philip L Nauert

Mailing Address 4604 Holt St

City State Zip Code
Bellaire TX 77401-5809

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
05 / 12 / 2008

Transaction ID: 6804815

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 48

(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 William G Glecos

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer self-employed

Occupation
dentist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: 6804816

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr Edward Feinberg

Mailing Address 100 E HARTSDALE AVE #7B

City

State

Zip Code

Hartsdale

NY

10530-3207

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: 6804817

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary McCue

Mailing Address 2224 Gold Rush Ave

City

State

Zip Code

Helena

MT

59601-5818

FEC ID number of contributing federal political committee.

C

Name of Employer Montana Dental Assoc

Occupation
Executive Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: 6805939

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

12410.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 48	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Citibank 1		Date of Receipt
Mailing Address 1500 Vermont Ave Nw		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 3 1 / 2 0 0 8
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		Transaction ID: 6849065
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 254.02
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 1205.76	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	254.02
TOTAL This Period (last page this line number only)	254.02

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) Heath Shuler For Congress</p> <p>Mailing Address PO Box 97</p> <p>City Hazelwood State NC Zip Code 28738</p> <p>Purpose of Disbursement Check delivered to Campaign (re-issue of check sent to Dr. Brad Morgan)</p> <p>Candidate Name Rep. Heath Shuler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6722634 Date of Disbursement: 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered to Campaign (re-issue of check sent to Dr. Brad Morgan)</p>
<p>B. Full Name (Last, First, Middle Initial) Cmte To Elect Artur Davis</p> <p>Mailing Address PO Box 1845</p> <p>City Birmingham State AL Zip Code 35201</p> <p>Purpose of Disbursement Check sent to Mr. Wayne McMahan</p> <p>Candidate Name Artur Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6722639 Date of Disbursement: 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Wayne McMahan</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 Campaign-May 5th Reception attended by Dr. Kevin Nelson</p> <p>Candidate Name Mr. Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6722640 Date of Disbursement: 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-May 5th Reception attended by Dr. Kevin Nelson</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) John Larson For Congress	Transaction ID: 6722642 Date of Disbursement 05 / 01 / 2008
	Mailing Address 29 Ruff Circle	
	City Glastonbury State CT Zip Code 06033	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Check sent to Campaign (re-issue of check sent to Dr. William MacDonnell for meeting 4/18/2008)	011 Category/ Type
	Candidate Name John Larson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign (re-issue of check sent to Dr. William MacDonnell for meeting 4/18/2008)

B.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 6722643 Date of Disbursement 05 / 01 / 2008
	Mailing Address P.O. Box 127	
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008	011 Category/ Type
	Candidate Name Rep. Christopher S. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008

C.	Full Name (Last, First, Middle Initial) Courtney For Congress	Transaction ID: 6722645 Date of Disbursement 05 / 01 / 2008
	Mailing Address 38 Risley Road	
	City Vernon State CT Zip Code 06066	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008	011 Category/ Type
	Candidate Name Rep. Joseph D. Courtney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008

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) Courtney For Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008</p> <p>Candidate Name Rep. Joseph D. Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6722649 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Meeting scheduled with Jim Williams 05/13/2008</p>
<p>B. Full Name (Last, First, Middle Initial) Committee For Frank R. Wolf</p> <p>Mailing Address</p> <p>City State VA Zip Code</p> <p>Purpose of Disbursement Check sent to Dr. HJ Barrett, Jr.</p> <p>Candidate Name Frank Wolf</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6722650 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. HJ Barrett, Jr.</p>
<p>C. Full Name (Last, First, Middle Initial) Jay Love for Congress</p> <p>Mailing Address PO Box 3221</p> <p>City Montgomery State AL Zip Code 36109</p> <p>Purpose of Disbursement Check sent to Mr. Wayne McMahan</p> <p>Candidate Name Jay Love</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6722654 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Wayne McMahan</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)

<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) Committee For C.W. Bill Young</p> <p>Mailing Address PO Box 47025</p> <p>City St. Petersburg State FL Zip Code 33743</p> <p>Purpose of Disbursement Check sent to Campaign-event attended by Judy Sherman</p> <p>Candidate Name C.W. Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6744544 Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-event attended by Judy Sherman</p>
<p>B. Full Name (Last, First, Middle Initial) Pastor for Congress</p> <p>Mailing Address 802 North 3rd Avenue</p> <p>City Phoenix State AZ Zip Code 85003</p> <p>Purpose of Disbursement Check sent to Campaign-event attended by Judy Sherman</p> <p>Candidate Name Ed Pastor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6744545 Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-event attended by Judy Sherman</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement Check sent to Dr. William Sulkowski</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6744546 Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. William Sulkowski</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER: (check only one)

<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) Committee For Mitch McConnell</p> <p>Mailing Address 361-A Russell Senate Office Buildi</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Check delivered by Ken Rich Funds Reported On April 20th Report</p> <p>Candidate Name Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6744549 Date of Disbursement 03 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>[MEMO ITEM] Check delivered by Ken Rich Funds Reported On April 20th Report</p>
<p>B. Full Name (Last, First, Middle Initial) Committee For Mitch McConnell</p> <p>Mailing Address 361-A Russell Senate Office Buildi</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Check delivered by Ken Rich Re-designated funds for trans. dated 3/25/2008</p> <p>Candidate Name Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6744550 Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>[MEMO ITEM] Check delivered by Ken Rich Re-designated funds for trans. dated 3/25/2008</p>
<p>C. Full Name (Last, First, Middle Initial) Mcnerney For Congress</p> <p>Mailing Address 6520 Village Parkway Second Floor</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement Check sent to Campaign-event attended by Jennifer Fisher</p> <p>Candidate Name Rep. Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6755248 Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign-ev-ent attended by Jennifer Fisher</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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) Texans For Henry Cuellar Congressional Campaign Mailing Address 1519 Washington Street 2nd Floor Suite 200 City Laredo State TX Zip Code 78042 Purpose of Disbursement Check sent to Dr. Thomas Uribe Candidate Name Rep. Henry Cuellar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6791036 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 Check sent to Dr. Thomas Uribe

B. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Check sent to Dr. Budd Rubin Candidate Name Rep. Henry A. Waxman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6791037 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00 Check sent to Dr. Budd Rubin

C. Full Name (Last, First, Middle Initial) Akin For Congress Mailing Address PO Box 31222 City St. Louis State MO Zip Code 63131 Purpose of Disbursement Check sent to Campaign-event attended by Mike Graham 05/08/2088 Candidate Name Todd Akin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6791040 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Check sent to Campaign-event attended by Mike Graham 05/08/2088

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

<p>A. Full Name (Last, First, Middle Initial) Battle Born PAC</p> <p>Mailing Address PO Box 370386</p> <p>City Las Vegas State NV Zip Code 89137</p> <p>Purpose of Disbursement Check sent to PAC-event attended by Mike Graham on 05/07/2008</p> <p>Candidate Name Battle Born PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6791042 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to PAC-event attended by Mike Graham on 05/07/2008</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Check delivered by Mr. Fred McDonald</p> <p>Candidate Name Rep. Michael A. Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792521 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Mr. Fred McDonald</p>
<p>C. Full Name (Last, First, Middle Initial) Lummis For Congress</p> <p>Mailing Address 2015 Central Ave Suite 200</p> <p>City Cheyenne State WY Zip Code 82001</p> <p>Purpose of Disbursement Check delivered by Dr. John Roussalis</p> <p>Candidate Name Rep. Cynthia Lummis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792522 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Dr. John Roussalis</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Robert Aderholt For Congress Comm.</p> <p>Mailing Address 940 Highway 13 PO Box 1158</p> <p>City Haleyville State AL Zip Code 35565</p> <p>Purpose of Disbursement Check delivered by Dr. John Anderson</p> <p>Candidate Name Robert Aderholt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792523 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check delivered by Dr. John Anderson</p>
<p>B. Full Name (Last, First, Middle Initial) Porter For Congress</p> <p>Mailing Address 7840 Red Leaf Drive</p> <p>City Las Vegas State NV Zip Code 89131</p> <p>Purpose of Disbursement Check delivered by Robert Talley</p> <p>Candidate Name Rep. Jon C. Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792524 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check delivered by Robert Talley</p>
<p>C. Full Name (Last, First, Middle Initial) Heller for Congress</p> <p>Mailing Address PO Box 750580</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement Check delivered by Robert Talley</p> <p>Candidate Name Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792525 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check delivered by Robert Talley</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

<p>A. Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address 2015 Wallace Rd.</p> <p>City Atlanta State GA Zip Code 30331</p> <p>Purpose of Disbursement Check delivered by Dr. Richard Weinman</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792526 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check delivered by Dr. Richard Weinman</p>
<p>B. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 West Lawrence St</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Check delivered by Dr. John Masak</p> <p>Candidate Name Steven Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792527 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check delivered by Dr. John Masak</p>
<p>C. Full Name (Last, First, Middle Initial) Kerry Committee</p> <p>Mailing Address 10 G St. NE Suite 710</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Check delivered by Dr. Robert Alconada</p> <p>Candidate Name John Kerry</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792528 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Check delivered by Dr. Robert Alconada</p>

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)

PAGE 29 / 48

<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 Campaign 011 Category/Type</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 01</p>	<p>Transaction ID: 6792529 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Campaign</p>
<p>B. 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 delivered by Dr. William Zepp 011 Category/Type</p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 01</p>	<p>Transaction ID: 6792530 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Check delivered by Dr. William Zepp</p>
<p>C. Full Name (Last, First, Middle Initial) Brian Baird For Congress</p> <p>Mailing Address PO Box 5016</p> <p>City Vancouver State WA Zip Code 98668</p> <p>Purpose of Disbursement Check delivered by Dr. Keith Collins 011 Category/Type</p> <p>Candidate Name Rep. Brian Baird</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 03</p>	<p>Transaction ID: 6792531 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check delivered by Dr. Keith Collins</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Check delivered by Dr. Alan Mazer</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792532 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check delivered by Dr. Alan Mazer</p>
<p>B. Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress</p> <p>Mailing Address P.O. Box 11519</p> <p>City Charleston State WV Zip Code 25339</p> <p>Purpose of Disbursement Check delivered by Dr. Tom Leslie</p> <p>Candidate Name Rep. Shelley Moore Capito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792533 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check delivered by Dr. Tom Leslie</p>
<p>C. Full Name (Last, First, Middle Initial) Engel For Congress</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Check delivered by Dr. BJ Mistry</p> <p>Candidate Name Rep. Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792534 Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Check delivered by Dr. BJ Mistry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Enzi For U.S. Senate Committee</p> <p>Mailing Address PO Box 2775</p> <p>City Cody State WY Zip Code 82414</p> <p>Purpose of Disbursement Check delivered by Dr. John Roussalis</p> <p>Candidate Name Michael Enzi</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6792535 Date of Disbursement: 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Dr. John Roussalis</p>
<p>B. Full Name (Last, First, Middle Initial) Phil PAC</p> <p>Mailing Address PO Box 26366</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement Check delivered by Dr. William Glecos</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: 6792536 Date of Disbursement: 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check delivered by Dr. William Glecos</p>
<p>C. 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 delivered by Judy Sherman</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6793033 Date of Disbursement: 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check delivered by Judy Sherman</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: 6793034 Date of Disbursement 05 / 11 / 2008
	Mailing Address PO Box 19163	Amount of Each Disbursement this Period 2500.00
	City Las Vegas State NV Zip Code 89132	
	Purpose of Disbursement Check delivered by Judy Sherman	011 Category/ Type
	Candidate Name Sen. Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check delivered by Judy Sherman

B.	Full Name (Last, First, Middle Initial) CAP PAC	Transaction ID: 6793035 Date of Disbursement 05 / 11 / 2008
	Mailing Address 38 Ivy Street, SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003-4006	
	Purpose of Disbursement Check delivered by Dr. Bob Peskin	011 Category/ Type
	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) ▼
		Check delivered by Dr. Bob Peskin

C.	Full Name (Last, First, Middle Initial) Gordon Smith For U.S Senate Com	Transaction ID: 6793074 Date of Disbursement 05 / 13 / 2008
	Mailing Address 228 S. Washington Street Suite 200	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Check delivered by Brett Hamilton	011 Category/ Type
	Candidate Name Gordon Smith	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check delivered by Brett Hamilton

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)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown	Transaction ID: 6793075 Date of Disbursement 05 / 13 / 2008
	Mailing Address PO Box 76187 Suite 800	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Sherrod Brown	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: 6793076 Date of Disbursement 05 / 13 / 2008
	Mailing Address P.O. Box 530788	Amount of Each Disbursement this Period 3000.00
	City Livonia State MI Zip Code 48153	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Thaddeus G. McCotter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens For Tom Petri	Transaction ID: 6793077 Date of Disbursement 05 / 13 / 2008
	Mailing Address P.O. Box 270	Amount of Each Disbursement this Period 2500.00
	City Fond Du Lac State WI Zip Code 54936	
	Purpose of Disbursement Check sent to Dr. Mark Huberty	011 Category/ Type
	Candidate Name Rep. Thomas E. Petri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc	Transaction ID: 6805460 Date of Disbursement 05 / 19 / 2008
	Mailing Address PO Box 2918	
	City Raleigh State NC Zip Code 27602	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Check sent to Dr. Charles Norman	011 Category/ Type
	Candidate Name Sen. Elizabeth Dole	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Charles Norman

B.	Full Name (Last, First, Middle Initial) Henry E. Brown For Congress	Transaction ID: 6805461 Date of Disbursement 05 / 19 / 2008
	Mailing Address 1035 Dominion Drive	
	City Hanahan State SC Zip Code 29406	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Check sent to Phil Latham	011 Category/ Type
	Candidate Name Henry Brown	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Phil Latham

C.	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress	Transaction ID: 6805463 Date of Disbursement 05 / 19 / 2008
	Mailing Address 2525 N Baker Dr	
	City Canby State OR Zip Code 97013	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Check sent to Brett Hamilton	011 Category/ Type
	Candidate Name Rep. Kurt Schrader	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Brett Hamilton

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

<p>A. Full Name (Last, First, Middle Initial) Maloney For Congress</p> <p>Mailing Address 49 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 05/14/08</p> <p>Candidate Name Rep. Carolyn B. Maloney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6805464 Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign-Judy Sherman attended event 05/14/08</p>
<p>B. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Committee</p> <p>Mailing Address 422 C St., NE Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement</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: 6805465 Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. 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 Void-Friends of Harry Reid-Disbursement for Leadership PAC rather than Re-elect</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6805946 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>Void-Friends of Harry Reid-Disbursement for Leadership PAC rather than Re-elect</p>

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends For Harry Reid Mailing Address PO Box 19163 City Las Vegas State NV Zip Code 89132 Purpose of Disbursement Void - Friends For Harry Reid-Disbursement for Leadership PAC rather than Re-elect Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6805948 Date of Disbursement 05 / 20 / 2008 Amount of Each Disbursement this Period -2500.00 Void - Friends For Harry Reid-Disbursement for Leadership PAC rather than Re-elect
	Category/Type 011

B. Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address PO Box 1355 City Alexandria State VA Zip Code 22313 Purpose of Disbursement Check sent to Dr. Francis Milano 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: 6806293 Date of Disbursement 05 / 20 / 2008 Amount of Each Disbursement this Period 5000.00 Check sent to Dr. Francis Milano
	Category/Type 011

C. Full Name (Last, First, Middle Initial) Steve Austria For Congress Mailing Address 2537 Obetz Dr City Beaver creek State OH Zip Code 45434 Purpose of Disbursement Check sent to Dave Owsiany Candidate Name Rep. Steve Austria Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6806364 Date of Disbursement 05 / 20 / 2008 Amount of Each Disbursement this Period 5000.00 Check sent to Dave Owsiany
	Category/Type 011

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)

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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) Campbell For Congress</p> <p>Mailing Address 8105 Irvine Center Dr Suite 1170</p> <p>City Irvine State CA Zip Code 92618</p> <p>Purpose of Disbursement Check sent to Dr. Denise Habjan</p> <p>Candidate Name Rep. John Campbell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806448 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Denise Habjan</p>
<p>B. 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 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806450 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Jim Schulz</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens For Tom Petri</p> <p>Mailing Address P.O. Box 270</p> <p>City Fond Du Lac State WI Zip Code 54936</p> <p>Purpose of Disbursement Check sent to Mark Huberty</p> <p>Candidate Name Rep. Thomas E. Petri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806451 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Mark Huberty</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) John Tierney For Congress</p> <p>Mailing Address 49 Federal Street</p> <p>City Salem State MA Zip Code 01970</p> <p>Purpose of Disbursement Check sent to Dr. David Becker</p> <p>Candidate Name John Tierney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806452 Date of Disbursement: 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. David Becker</p>
<p>B. Full Name (Last, First, Middle Initial) David Vitter For US Senate</p> <p>Mailing Address PO Box 8175</p> <p>City Metairie State LA Zip Code 70011</p> <p>Purpose of Disbursement Check sent to Dr. Gary Roberts</p> <p>Candidate Name Sen. David Vitter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806453 Date of Disbursement: 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Gary Roberts</p>
<p>C. Full Name (Last, First, Middle Initial) Darren White For Congress</p> <p>Mailing Address PO Box 16601</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement Check sent to Mr. Mark Moores</p> <p>Candidate Name Mr. Darren White</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6806454 Date of Disbursement: 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Mark Moores</p>

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of John Boehner <hr/> Mailing Address 7908-I2 Cincinnati Dayton Road <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement Check sent to David Owsiany <hr/> Candidate Name Rep. John A. Boehner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6806455 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8	Amount of Each Disbursement this Period 5000.00 <hr/> Check sent to David Owsiany
B.	Full Name (Last, First, Middle Initial) John Lewis For Congress <hr/> Mailing Address 2015 Wallace Rd. <hr/> City Atlanta State GA Zip Code 30331 <hr/> Purpose of Disbursement Check sent to Campaign <hr/> Candidate Name Rep. John Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6806456 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 <hr/> Check sent to Campaign
C.	Full Name (Last, First, Middle Initial) Schiff For Congress <hr/> Mailing Address 777 S. Figueroa St. Suite 4050 <hr/> City Los Angeles State CA Zip Code 90017 <hr/> Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 05/20/2008 <hr/> Candidate Name Rep. Adam B. Schiff <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6806457 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 <hr/> Check sent to Campaign-Judy Sherman attended event 05/20/2008

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Mark Udall For Congress Inc.</p> <p>Mailing Address 8690 Wolff Court #200</p> <p>City Westminster State CO Zip Code 80031</p> <p>Purpose of Disbursement Check sent to Dr. Rhett Murray</p> <p>Candidate Name Rep. Mark Udall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6812828 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Rhett Murray</p>
<p>B. Full Name (Last, First, Middle Initial) Rodney Alexander For Congress, Inc</p> <p>Mailing Address PO Box 367 319 Nancy Road</p> <p>City Quitman State LA Zip Code 71268</p> <p>Purpose of Disbursement Check sent to Dr. King Scott</p> <p>Candidate Name Rodney Alexander</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6812829 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. King Scott</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Joe Baca</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Check sent to Campaign-event attended by Bill Prentice 04/26/2008</p> <p>Candidate Name Rep. Joseph Baca</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6812830 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-event attended by Bill Prentice 04/26/2008</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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 Sullivan For Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement Check sent to Campaign-Jennifer Fisher attended event on 05/20/2008</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6812831 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Jennifer Fisher attended event on 05/20/2008</p>
<p>B. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress, Inc</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Check sent to Campaign-JP attended event 05/20/2008</p> <p>Candidate Name Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6814002 Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-JP attended event 05/20/2008</p>
<p>C. Full Name (Last, First, Middle Initial) Solis For Congress</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Check sent to Dr. Luis Dominicis</p> <p>Candidate Name Rep. Hilda L. Solis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6814003 Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Luis Dominicis</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress</p> <p>Mailing Address PO Box 3917</p> <p>City La Mesa State CA Zip Code 91944</p> <p>Purpose of Disbursement Check sent to Dean Chalios</p> <p>Candidate Name Rep. Duncan D. Hunter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6814004 Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 4750.00</p> <p>011 Category/ Type</p> <p>Check sent to Dean Chalios</p>
<p>B. Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress</p> <p>Mailing Address PO Box 3917</p> <p>City La Mesa State CA Zip Code 91944</p> <p>Purpose of Disbursement Check sent to Dean Chalios</p> <p>Candidate Name Rep. Duncan D. Hunter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6814006 Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Check sent to Dean Chalios</p>
<p>C. Full Name (Last, First, Middle Initial) Committee For Jon Kyl</p> <p>Mailing Address PO Box 10246</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Jon Kyl</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6814036 Date of Disbursement 05 / 23 / 2008</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) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Charlie Dent For Congress Mailing Address PO Box 442 City Allentown State PA Zip Code 18105 Purpose of Disbursement Check sent to Campaign Candidate Name Rep. Charles W. Dent Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6814038 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Check sent to Campaign
	Category/ Type 011

B. Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address PO Box 1355 City Alexandria State VA Zip Code 22313 Purpose of Disbursement Void - Dirigo PAC-Unable to deliver check within 10 days of receipt 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: 6814040 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period -5000.00
	Void - Dirigo PAC-Unable to deliver check within 10 days of receipt
	Category/ Type 011

C. Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address PO Box 1355 City Alexandria State VA Zip Code 22313 Purpose of Disbursement Check sent to Frances Miliano 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: 6814041 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Check sent to Frances Miliano
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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) Gordon Smith For U.S Senate Com</p> <p>Mailing Address 228 S. Washington Street Suite 200</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Void - Gordon Smith For U.S Senate Com-check unable to be delivered within 10 days</p> <p>Candidate Name Gordon Smith</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6814046 Date of Disbursement 05 / 23 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>Void - Gordon Smith For U.S Senate Com-check unable to be delivered within 10 days</p>
<p>B. Full Name (Last, First, Middle Initial) Costello For Congress Committee</p> <p>Mailing Address P. O. Box 8250</p> <p>City Belleville State IL Zip Code 62222</p> <p>Purpose of Disbursement Check sent to Darryll Beard</p> <p>Candidate Name Rep. Jerry F. Costello</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6821371 Date of Disbursement 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Darryll Beard</p>
<p>C. Full Name (Last, First, Middle Initial) Jerry Lewis for Congress Committee</p> <p>Mailing Address 2112 Rayburn House Office Building</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Jerry Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6821372 Date of Disbursement 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</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)

<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) Norm Dicks For Congress Committee Mailing Address PO Box 1663 City Tacoma State WA Zip Code 98401 Purpose of Disbursement Check sent to Campaign Candidate Name Norman Dicks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6821374 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 Check sent to Campaign

B. Full Name (Last, First, Middle Initial) Friends of George Miller Mailing Address PO Box 5864 City Concord State CA Zip Code 94524 Purpose of Disbursement Check sent to Campaign-Jennifer Fisher attended event 06/04/2008 Candidate Name George Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6826344 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Check sent to Campaign-Jennifer Fisher attended event 06/04/2008

C. Full Name (Last, First, Middle Initial) Lisa Murkowski- US Senate Mailing Address PO Box 100847 City Anchorage State AK Zip Code 99510 Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 05/22/08 Candidate Name Lisa Murkowski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6826345 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Check sent to Campaign-Judy Sherman attended event 05/22/08

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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.</p> <p>Full Name (Last, First, Middle Initial) Alamo PAC</p> <p>Mailing Address</p> <p>City State Zip Code Austin TX 78701</p> <p>Purpose of Disbursement Check delivered by Kathleen Ford for event 05/30/08</p> <p>Candidate Name Alamo PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6826346 Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered by Kathleen Ford for event 05/30/08</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC</p> <p>Mailing Address 1350 I Street, NW Ste 560</p> <p>City State Zip Code Washington DC 20005</p> <p>Purpose of Disbursement</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: 6826347 Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) New Democratic Coalition PAC</p> <p>Mailing Address 607 14th St. NW Suite 800</p> <p>City State Zip Code Washington DC 20005</p> <p>Purpose of Disbursement</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: 6826348 Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)
Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement
Check sent to Wayne McMahan

Candidate Name
Rep. Michael D. Rogers

Office Sought: House
 Senate
 President
State: AL District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 6826349
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

Check sent to Wayne McMahan

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

178000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 6849067

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

129.70

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

129.70

TOTAL This Period (last page this line number only)

129.70