

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)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)
- Runoff (12R)

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on _____ in the State of _____

5. Covering Period 09 01 2009 through 09 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr Dennis Zent

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

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only								
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Adjusted beginning cash on hand amount.

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		276141.44
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	149550.59									
(c) Total Receipts (from Line 19)	108359.47	876770.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	257910.06	1152912.39								
7. Total Disbursements (from Line 31)	129949.61	1024951.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	127960.45	127960.45								
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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	69300.00	97300.00
(ii) Unitemized	38932.00	716289.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	108232.00	813589.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	108232.00	813589.95
12. Transfers From Affiliated/Other Party Committees	98.00	62434.68
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.)	29.47	746.32
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))	108359.47	876770.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	108359.47	876770.95

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.....	49.61	1154.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	49.61	1154.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	129900.00	1017525.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	300.00
29. Other Disbursements.....	0.00	5972.00
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))..	129949.61	1024951.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	129949.61	1024951.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	108232.00	813589.95
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	108232.00	813289.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	49.61	1154.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	49.61	1154.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 82
	<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	

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

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

A.	Full Name (Last, First, Middle Initial) Dr Mark C Huberty	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 325 River Oaks Dr	Transaction ID: 8178655
	City State Zip Code Sheboygan Falls WI 53085-1087	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00	

B.	Full Name (Last, First, Middle Initial) Dr Lisa A Heinrich-Null	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 807 N Washington St	Transaction ID: 8178657
	City State Zip Code Victoria TX 77901-5063	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Constance Karlowicz	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 420 Reeves Avenue Suite A	Transaction ID: 8178658
	City State Zip Code Dover OH 44622-2162	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer James Karłowicz, DDS Occupation dental assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr James A Karlowicz

Mailing Address 1401 Parkdale Dr

City State Zip Code
Dover OH 44622-1115

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 01 / 2009

Transaction ID: 8178660

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr James William Mc Daniel

Mailing Address 1201 Rocky Dell Ln

City State Zip Code
Signal Mountain TN 37377-3371

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 09 / 01 / 2009

Transaction ID: 8178674

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr W Ken Rich

Mailing Address 111 Humes Ridge Rd

City State Zip Code
Williamstown KY 41097-9444

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 09 / 01 / 2009

Transaction ID: 8178675

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: (check only one)	PAGE 9 / 82
	<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 David Miskel Eller		Date of Receipt MM / DD / YYYY 09 / 01 / 2009		
	Mailing Address 5178 Route 60		Transaction ID: 8178676		
	City Huntington	State WV	Zip Code 25705	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr Robert E Butler		Date of Receipt MM / DD / YYYY 09 / 01 / 2009		
	Mailing Address 10014 Canterbury Farms Ct		Transaction ID: 8178678		
	City Saint Louis	State MO	Zip Code 63128-3278	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr Lori Wulf Roseman		Date of Receipt MM / DD / YYYY 09 / 01 / 2009		
	Mailing Address 12380 Federal Dr		Transaction ID: 8178679		
	City Des Peres	State MO	Zip Code 63131-3836	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 82

(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 Mark R Zust

Mailing Address 14005 Eagle Manor Ct

City State Zip Code
Chesterfield MO 63017-2686

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2009

Transaction ID: 8178680

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Phyllis Zust

Mailing Address 1405 Eagle Manor Court

City State Zip Code
Chesterfield MO 63017

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

Name of Employer Dr. Mark R. Zust Occupation
business assistant

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2009

Transaction ID: 8178681

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Carl L Sebelius, Jr

Mailing Address 2054 Harbert Ave

City State Zip Code
Memphis TN 38104-5331

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2009

Transaction ID: 8178690

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Leon Edward Stanislav		Date of Receipt
	Mailing Address 409 Savannah Trace Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 01 / 2009
	City	State	Zip Code
	Clarksville	TN	37043-5443
	FEC ID number of contributing federal political committee. C		Transaction ID: 8178691
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr H Fred Howard		Date of Receipt
	Mailing Address PO Box 842		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 01 / 2009
	City	State	Zip Code
	Harlan	KY	40831-0842
	FEC ID number of contributing federal political committee. C		Transaction ID: 8178692
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr Thomas W Leslie		Date of Receipt
	Mailing Address 4759 Cold Run Valley Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 01 / 2009
	City	State	Zip Code
	Berkeley Springs	WV	25411-4634
	FEC ID number of contributing federal political committee. C		Transaction ID: 8178696
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 / 82
(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)
Mrs. Toni Leslie

Mailing Address 4759 Cold Run Valley Road

City State Zip Code
Berkeley Springs WV 25411-1235

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

Name of Employer self-employed Occupation
office manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 8178697

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Charles B Foy, Jr

Mailing Address 7 Greenbriar Dr

City State Zip Code
Covington LA 70433-4542

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
09 / 01 / 2009

Transaction ID: 8178713

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Timothy D Chase

Mailing Address 110 Luther Cir

City State Zip Code
Monticello AR 71655-5616

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
09 / 01 / 2009

Transaction ID: 8178991

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 82
(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 Stephen K Young

Mailing Address 2604 Barry Switzer Ave

City State Zip Code
Norman OK 73072-6643

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

Name of Employer
OK Univ School of Dentistry

Occupation
Dental School Faculty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 8178992

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Brett A Roufs

Mailing Address 3231 Royer West Dr

City State Zip Code
Newton KS 67114-9639

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

Name of Employer
self-employed

Occupation
dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: 8178993

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Glenn V Hemberger

Mailing Address 3117 W 118th St

City State Zip Code
Leawood KS 66211-3059

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

Name of Employer
self-employed

Occupation
dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: 8178995

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 14 / 82
(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 Tamara S Berg

Mailing Address 1012 Kingsridge Dr

City State Zip Code
Yukon OK 73099-3427

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
09 / 01 / 2009

Transaction ID: 8178998

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Kim D Keisner

Mailing Address 54 Stonehenge Dr

City State Zip Code
Bentonville AR 72712-4092

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
09 / 01 / 2009

Transaction ID: 8179005

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Angela Keisner

Mailing Address 54 Stonehenge Drive

City State Zip Code
Bentonville AR 72712-4092

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

Name of Employer Kim D. Keisner, DDS, PA Occupation Office Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 8179006

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 82
(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 K Jean Beauchamp

Mailing Address 173 E Glenwood Dr

City State Zip Code
Clarksville TN 37040-3552

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
09 / 04 / 2009

Transaction ID: 8220669

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr James S Torchia

Mailing Address 8736 S Florence Ave

City State Zip Code
Tulsa OK 74137-2543

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
09 / 04 / 2009

Transaction ID: 8220670

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Bootsey Torchia

Mailing Address 8736 S. Florence Avenue

City State Zip Code
Tulsa OK 74137-2543

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

Name of Employer James Torchia, DDS, Inc. Occupation office manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 8220671

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 82		
	<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

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

A.	Full Name (Last, First, Middle Initial) Dr Raymond A Cohlmia	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 13000 Burnt Oak Rd	Transaction ID: 8220672
	City State Zip Code Oklahoma City OK 73120-8940	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Sherry Cohlmia	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 13000 Burnt Oak Road	Transaction ID: 8220673
	City State Zip Code Oklahoma City OK 73120-8940	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Raymond Cohlmia, DDS Occupation bookkeeper Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Eva Fridy Ackley	Date of Receipt MM / DD / YYYY 09 / 08 / 2009
	Mailing Address 5012 Westshore Dr	Transaction ID: 8220686
	City State Zip Code New Port Richey FL 34652-3042	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-employed Occupation Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 82

(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 R Wayne Thompson

Mailing Address 10615 W 70th Ter

City State Zip Code
Shawnee KS 66203-4123

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

M M / D D / Y Y Y Y
09 / 08 / 2009

Transaction ID: 8220839

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr D Douglas Cassat

Mailing Address 10035 Rue Chantemar

City State Zip Code
San Diego CA 92131-2271

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2009

Transaction ID: 8220868

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Donald M Schinnerer

Mailing Address 700 Hawthorn Ct

City State Zip Code
San Ramon CA 94582-5641

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2009

Transaction ID: 8220869

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: (check only one)	PAGE 18 / 82
	<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 Virginia A Hughson-Otte	Date of Receipt MM / DD / YYYY 09 / 08 / 2009
	Mailing Address 27940 Lost Canyon Rd	Transaction ID: 8220870
	City State Zip Code Santa Clarita CA 91387-3266	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr Cynthia Brattesani	Date of Receipt MM / DD / YYYY 09 / 08 / 2009
	Mailing Address Apt 718 1800 Washington St	Transaction ID: 8220871
	City State Zip Code San Francisco CA 94109-3585	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr Lindsey Anne Robinson	Date of Receipt MM / DD / YYYY 09 / 08 / 2009
	Mailing Address 10384 Alta St	Transaction ID: 8220872
	City State Zip Code Grass Valley CA 95945-6129	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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 19 / 82
(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 Myron Joel Bromberg

Mailing Address 7012 Reseda Blvd.

City Reseda State CA Zip Code 91335-4219

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
09 / 08 / 2009

Transaction ID: 8220873

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr Carol Gomez Summerhays

Mailing Address 13234 Polvera Ave

City San Diego State CA Zip Code 92128-1148

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
09 / 08 / 2009

Transaction ID: 8220874

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr Craig Steven Yarborough

Mailing Address 373 Los Cerros Dr

City Greenbrae State CA Zip Code 94904-1122

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
09 / 08 / 2009

Transaction ID: 8220876

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 20 / 82
(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 Donald P Rollofson
Mailing Address 2337 Dodge Ln
City Carmichael State CA Zip Code 95608-5208
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed dentist Occupation Dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 08 / 2009
Transaction ID: 8220877
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Matthew James Campbell, Jr
Mailing Address 1601 Elsdon Cir
City Carmichael State CA Zip Code 95608-6016
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 ▼ 800.00
Date of Receipt 09 / 08 / 2009
Transaction ID: 8220878
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Irene Campbell
Mailing Address 1601 Elsdon Circle
City Carmichael State CA Zip Code 95608-6016
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 08 / 2009
Transaction ID: 8220879
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 82
	<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 La Juan Hall		Date of Receipt MM / DD / YYYY 09 / 08 / 2009
	Mailing Address 2868 Larkey Ln		Transaction ID: 8220880
	City Walnut Creek	State CA	Zip Code 94597-2443
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr Janice G Moreno		Date of Receipt MM / DD / YYYY 09 / 08 / 2009
	Mailing Address 2515 Poppy Dr		Transaction ID: 8220881
	City Lodi	State CA	Zip Code 95242-4776
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr Gary Neil Herman		Date of Receipt MM / DD / YYYY 09 / 09 / 2009
	Mailing Address 18911 Granada Cir		Transaction ID: 8220899
	City Northridge	State CA	Zip Code 91326-1505
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 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 22 / 82
(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)
Mrs. Joann F. Triftshauser

Mailing Address 63 Ellicott Avenue

City State Zip Code
Batavia NY 14020-2028

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

Name of Employer self-employed Occupation
retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: 8229285

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Roger W Triftshauser

Mailing Address 63 Ellicott Ave

City State Zip Code
Batavia NY 14020-2028

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
09 / 11 / 2009

Transaction ID: 8229286

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Judee Tippett-Whyte

Mailing Address 2489 Stony Creek Cir

City State Zip Code
Acampo CA 95220-9564

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
09 / 11 / 2009

Transaction ID: 8229305

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 23 / 82
(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 Douglas James Gordon

Mailing Address 20 Powder Bowl Ct

City State Zip Code
El Sobrante CA 94803-2621

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
09 / 10 / 2009

Transaction ID: 8229313

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Douglas Auld

Mailing Address 1310 Douglas Rd

City State Zip Code
McAlester OK 74501-7160

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
09 / 14 / 2009

Transaction ID: 8230863

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr James D Stephens

Mailing Address 205 Live Oak Lane

City State Zip Code
Los Altos CA 94022-2120

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
09 / 15 / 2009

Transaction ID: 8233256

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 24 / 82

(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 Darrell T Teruya

Mailing Address 2615 S. King St

City State Zip Code
Honolulu HI 96826-3275

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

Name of Employer self-employed Occupation
dentist

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2009

Transaction ID: 8234865

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Ronald G Testa

Mailing Address 530 Plymouth Ct

City State Zip Code
Frankfort IL 60423-9719

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2009

Transaction ID: 8235243

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Frank A Maggio

Mailing Address 35W332 Chateau Dr W

City State Zip Code
Dundee IL 60118-3111

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2009

Transaction ID: 8235247

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 82
(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 Bradley W Barnes

Mailing Address 13775 Benjamin Ct

City Bloomington State IL Zip Code 61705-5143

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: 09 / 16 / 2009

Transaction ID: 8235249

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr Mark J Humenik

Mailing Address 2211 Illinois Rd

City Northbrook State IL Zip Code 60062-5236

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: 09 / 16 / 2009

Transaction ID: 8235260

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr Perry K. Tuneberg

Mailing Address 3761 Fox Pointe

City Rockford State IL Zip Code 61114-7072

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: 09 / 16 / 2009

Transaction ID: 8235425

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 26 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr Mary J Hayes

Mailing Address 2648 N Bosworth Ave

City State Zip Code
Chicago IL 60614-1108

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
09 / 16 / 2009

Transaction ID: 8235430

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Brian F Soltys

Mailing Address 2123 Carrington Chase

City State Zip Code
Rockford IL 61114-8414

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
09 / 16 / 2009

Transaction ID: 8235432

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr H Michael Kaske

Mailing Address 76 Burnette Dr

City State Zip Code
Antioch IL 60002-2614

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
09 / 17 / 2009

Transaction ID: 8236443

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 27 / 82
(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 Paul S Levine

Mailing Address 9310 N Spruce Rd

City Milwaukee State WI Zip Code 53217-1131

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 09 / 17 / 2009

Transaction ID: 8236447

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Judy Levine

Mailing Address 9310 N. Spruce Road

City Milwaukee State WI Zip Code 53217-1131

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

Name of Employer Levine Dental Associates Occupation insurance coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: 8236448

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr Ned James Murphy

Mailing Address 5718 Wildwood Dr

City Racine State WI Zip Code 53403-9711

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 17 / 2009

Transaction ID: 8236452

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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 28 / 82
(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 Kent L Vandehaar

Mailing Address 1737 Brickyard Ln

City State Zip Code
Chippewa Falls WI 54729-2294

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 8236458

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Paul Gene Hagemann

Mailing Address 6747 W Kimball Dr

City State Zip Code
Hurley WI 54534-9054

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
09 / 17 / 2009

Transaction ID: 8236459

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Connie M Verhagen

Mailing Address 3467 Winnetaska Rd

City State Zip Code
Muskegon MI 49441-3335

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
09 / 17 / 2009

Transaction ID: 8236469

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 29 / 82
(check only one)

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<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 Martin Makowski

Mailing Address 2905 vineyard Drive

City Troy State MI Zip Code 48098-5105

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: 09 / 17 / 2009
Transaction ID: 8236470
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Karen Makowski

Mailing Address 2905 Vineyards Drive

City Troy State MI Zip Code 48098-6206

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

Name of Employer self-employed Occupation artist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: 8236471
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr Daniel M Briskie

Mailing Address 1411 Bush Creek Dr

City Grand Blanc State MI Zip Code 48439-2306

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: 09 / 17 / 2009
Transaction ID: 8236472
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 82

(check only one)

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<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 Zelton Gerongous Johnson

Mailing Address 5390 Coral Ridge Dr

City State Zip Code
Grand Blanc MI 48439-9522

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: 8236474

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert A Coleman

Mailing Address 23067 Frederick Ave

City State Zip Code
Farmington MI 48336-3932

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: 8236476

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr Jeffery W Johnston

Mailing Address 3501 Maxwell Ct

City State Zip Code
Bloomfield MI 48301-2032

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: 8236477

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 31 / 82
(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 Joanne Dawley

Mailing Address 3420 Sherbourne Rd

City State Zip Code
Detroit MI 48221-1877

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: 8236479

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Rhonda Jean Hennessy

Mailing Address 37235 Goddard Rd

City State Zip Code
Romulus MI 48174-1215

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: 8236481

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Steven M Dater

Mailing Address 7122 Hawick Ct NE

City State Zip Code
Belmont MI 49306-9688

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: 8236484

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 32 / 82
(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 Stephen R Harris

Mailing Address 34024 W 8 Mile Rd

City Farmington State MI Zip Code 48335-5209

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
09 / 17 / 2009

Transaction ID: 8236486

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr Charles Kenneth Burling

Mailing Address 306 Willard St

City Dowagiac State MI Zip Code 49047-2139

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
09 / 17 / 2009

Transaction ID: 8236487

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr Rob R Lovell

Mailing Address 536 N Elmwood Ave

City Traverse City State MI Zip Code 49684-1454

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
09 / 17 / 2009

Transaction ID: 8236488

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 33 / 82
(check only one)

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<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 Gary E Jeffers

Mailing Address 42890 Steepleview St

City State Zip Code
Northville MI 48168-2077

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: 8236491

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Nancy Jeffers

Mailing Address 42890 Steepleview Street

City State Zip Code
Northville MI 48168-2077

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

Name of Employer United States Government Occupation
federal worker

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: 8236492

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Gregory J Peppes

Mailing Address 9301 Lee Ct

City State Zip Code
Leawood KS 66206-1928

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 8240570

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

950.00

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 34 / 82
(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 Dennis E. Manning

Mailing Address 21787 W Jupiter Ct

City State Zip Code
Mundelein IL 60060-5333

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
09 / 18 / 2009

Transaction ID: 8240575

Amount of Each Receipt this Period
500.00

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

Mailing Address 268 Leonardwood South, #106

City State Zip Code
Highland Park IL 60035-5926

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

Name of Employer Dr. Dennis Manning Occupation office manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 8240576

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr John L Carter

Mailing Address 6116 Pinewood Dr

City State Zip Code
Midland MI 48640-1971

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
09 / 18 / 2009

Transaction ID: 8240579

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 82
(check only one)

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<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)
Mrs. Silvia Carter

Mailing Address 6116 Pinewood Drive

City State Zip Code
Midland MI 48640-1971

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

Name of Employer Occupation
Dr. John Carter office manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 8240580

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Norman Vincent Palm

Mailing Address 3030 Bonnell Ave SE

City State Zip Code
Grand Rapids MI 49506-3134

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 8240582

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Matthew Bryson Roberts

Mailing Address 913 E Goliad Ave

City State Zip Code
Crockett TX 75835-2226

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 8240584

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 82

(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 Cynthia J Petroff

Mailing Address 3725 Cleveland Massillon Road

City State Zip Code
Norton OH 44203-5614

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 8240593

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Raymond Mason Maddox

Mailing Address 5817 N Cedar Springs Rd

City State Zip Code
Muncie IN 47304-5867

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 8240594

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Donna Kay Maddox

Mailing Address 5817 North Cedar Springs Road

City State Zip Code
Muncie IN 47304-5867

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

Name of Employer self-employed Occupation
dental hygienist

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 8240595

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 82

(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 Dennis J Zent

Mailing Address 3030 N Bay View Rd

City State Zip Code
Angola IN 46703-9014

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 8240605

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Wendy Zent

Mailing Address 12120 Burning Tree Road

City State Zip Code
Fort Wayne IN 46845-6919

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

Name of Employer Endodontic Associates, Inc. Occupation
office manager

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 8240606

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Thomas S Kelly

Mailing Address 35 Pinewood Ln

City State Zip Code
Hudson OH 44236-3467

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 8240608

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 82
(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 Christopher Connell

Mailing Address 5395 Meadow Wood Blvd

City Cleveland State OH Zip Code 44124-3754

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: 09 / 18 / 2009

Transaction ID: 8240613

Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Gregory E Phillips

Mailing Address 4640 Harrison Ridge Rd

City Columbus State IN Zip Code 47201-9753

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: 09 / 18 / 2009

Transaction ID: 8240660

Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Stephanie Phillips

Mailing Address 4640 Harrison Ridge Road

City Columbus State IN Zip Code 47201-9753

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

Name of Employer Dr. Gary Garenbach Occupation dental hygienist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 18 / 2009

Transaction ID: 8240661

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 82
(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

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

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

A. Full Name (Last, First, Middle Initial)
Dr Henry W Fields, Jr

Mailing Address 4066 Fenwick Rd

City Columbus State OH Zip Code 43220-4870

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

Name of Employer self-employed Occupation Dental School Faculty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2009

Transaction ID: 8240716

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Daniel W Fridh

Mailing Address 3633 W Waverly Rd

City La Porte State IN Zip Code 46350-7984

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 09 / 18 / 2009

Transaction ID: 8240717

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Michael H Halasz

Mailing Address 9146 Beacon Light Ct

City Centerville State OH Zip Code 45458-3638

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 09 / 18 / 2009

Transaction ID: 8240721

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 40 / 82

(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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Steven J Holm

Mailing Address 635 Deer Meadow Trl

City State Zip Code
Valparaiso IN 46385-8920

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 8240722

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Dr Bernard J Asdell

Mailing Address 3351 Deer Lake Dr

City State Zip Code
South Bend IN 46614-2468

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 8240730

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr Mara Catey-Williams

Mailing Address 3615 W 300 S

City State Zip Code
Marion IN 46953-9728

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 8240731

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 41 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr Terry G Schechner

Mailing Address 85 Tanglewood Trl

City Valparaiso State IN Zip Code 46385-8942

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 09 / 18 / 2009
Transaction ID: 8240733
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Mark E Bronson

Mailing Address 7623 Greenland Pl

City Cincinnati State OH Zip Code 45237-2709

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 09 / 18 / 2009
Transaction ID: 8240739
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Joseph P Crowley

Mailing Address 3796 Lincoln Rd

City Cincinnati State OH Zip Code 45247-6933

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 09 / 18 / 2009
Transaction ID: 8240740
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 42 / 82

(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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr William J Zucker

Mailing Address 5618 Cambridge Cir

City State Zip Code
Sandusky OH 44870-9774

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: 8240741

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Charles Lawrence Steffel

Mailing Address 660 Ellsworth St

City State Zip Code
Indianapolis IN 46202-6132

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: 8240744

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Michael A Kurkowski

Mailing Address 5835 Saint Albans Ct

City State Zip Code
Shoreview MN 55126-4754

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 8240873

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 43 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr David Roy Neumeister
Mailing Address 77 Hucklehill Rd

City State Zip Code
Vernon VT 05354-9594

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
09 / 24 / 2009

Transaction ID: 8243915
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Francis A Connor, Jr
Mailing Address 81 Wampanoag Cir

City State Zip Code
North Kingstown RI 02852-5746

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
09 / 24 / 2009

Transaction ID: 8243918
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Milton A Glicksman
Mailing Address 49 State Road Nauset

City State Zip Code
Dartmouth MA 02747-3322

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
09 / 24 / 2009

Transaction ID: 8243919
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 44 / 82
(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 Edwin Stephen Mehlman
Mailing Address 3 Hanley Farm Rd
City Warren State RI Zip Code 02885-4376
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 09 / 24 / 2009
Transaction ID: 8243928
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr David S. Samuels
Mailing Address 7 Ridge Hill Way
City Andover State MA Zip Code 01810-3273
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 09 / 24 / 2009
Transaction ID: 8243929
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Gary Donald Oyster
Mailing Address 597 Beechwood Road
City Franklinton State NC Zip Code 27525-9106
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 09 / 24 / 2009
Transaction ID: 8244004
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 45 / 82

(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)

Mrs. Sharon Oyster

Mailing Address PO Box 189

City State Zip Code
Franklinton NC 27525-0189

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

Name of Employer self-employed Occupation
homemaker

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244005

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Alonzo M Bell

Mailing Address 3506 Malvern Court

City State Zip Code
Alexandria VA 22304-1852

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244006

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr William M Litaker, Jr

Mailing Address 1092 13th Ave NW

City State Zip Code
Hickory NC 28601-2316

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244008

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 82
(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 John G Buchanan

Mailing Address 910 Country Club Dr

City Lexington State NC Zip Code 27292-5418

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 09 / 24 / 2009
Transaction ID: 8244009
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Jeanie Buchanan

Mailing Address 910 Country Club Drive

City Lexington State NC Zip Code 27292-5418

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

Name of Employer self-employed Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2009
Transaction ID: 8244010
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr M Alec Parker

Mailing Address 3333 Sunstone Drive

City Cary State NC Zip Code 27519-4444

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 09 / 24 / 2009
Transaction ID: 8244011
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 82
(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 Charles H Norman, III

Mailing Address 2012 Pembroke Rd

City Greensboro State NC Zip Code 27408-6330

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 09 / 24 / 2009
Transaction ID: 8244012
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Sharon Norman

Mailing Address 2012 Pembroke Road

City Greensboro State NC Zip Code 27408-6330

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

Name of Employer self-employed Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2009
Transaction ID: 8244013
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr James A Harrell, Jr

Mailing Address 480 Hawthorne Rd

City Elkin State NC Zip Code 28621-3023

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 09 / 24 / 2009
Transaction ID: 8244018
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 82
(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)
Mrs. Barbara Harrell

Mailing Address 480 Hawthorne Road

City State Zip Code
Elkin NC 28621-3023

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

Name of Employer self-employed Occupation
community volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: 8244019

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Robert P Hollowell, Jr

Mailing Address 101 Glenspring Way

City State Zip Code
Morrisville NC 27560-6994

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
09 / 24 / 2009

Transaction ID: 8244020

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Wilson O Kelly Jewell

Mailing Address 5012 Crown Point Lane

City State Zip Code
Wilmington NC 28409-3298

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
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: 8244021

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 82
(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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Rex Brown Card

Mailing Address 1732 Chalk Rd

City State Zip Code
Wake Forest NC 27587-9160

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244022

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Dr Bettie R Mc Kaig

Mailing Address 2425 Argyle Dr

City State Zip Code
Raleigh NC 27609-7663

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244023

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ross Vaughan

Mailing Address 8524 Sleepy Creek Drive

City State Zip Code
Raleigh NC 27613-4340

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

Name of Employer UNC Occupation
physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244024

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr Scott W Cashion

Mailing Address 402 Turnstone Trl

City Greensboro State NC Zip Code 27455-1370

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 09 / 24 / 2009

Transaction ID: 8244026

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Daniel Keith Cheek

Mailing Address 24 Sinnott Cir

City Durham State NC Zip Code 27713-2325

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 09 / 24 / 2009

Transaction ID: 8244027

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr James J Teague

Mailing Address RR 1, Box 194A

City Asheville State NC Zip Code 28804

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 09 / 24 / 2009

Transaction ID: 8244036

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 51 / 82
(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 Bruce R Hutchison

Mailing Address 5217 Glen Meadow Rd

City State Zip Code
Centreville VA 20120-1355

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244037

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Nona I Breeland

Mailing Address 1506 E. Franklin St, #204

City State Zip Code
Chapel Hill NC 27514-2825

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244038

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr Ronald D Venezie

Mailing Address 1000 Heathwood Dairy Rd

City State Zip Code
Apex NC 27502-4044

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244040

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 52 / 82
(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 M Joan Gillespie

Mailing Address 1155 23rd St NW

City Washington State DC Zip Code 20037-3301

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 09 / 24 / 2009
Transaction ID: 8244041
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr James R Hupp

Mailing Address 3600 Fair Oaks Ct

City Greenville State NC Zip Code 27834-7649

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2009
Transaction ID: 8244042
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas R Edmonds

Mailing Address 122 Woodbridge Dr

City Lexington State SC Zip Code 29072-9556

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 24 / 2009
Transaction ID: 8244083
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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 53 / 82
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Robert G Plage

Mailing Address 807 Wood Cove Rd

City State Zip Code
Wilmington NC 28409-0504

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
09 / 24 / 2009

Transaction ID: 8244085

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Kirk Norbo

Mailing Address PO Box 355

City State Zip Code
Waterford VA 20197-0355

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
09 / 24 / 2009

Transaction ID: 8244086

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Richard D Barnes

Mailing Address 5256 River Club Dr

City State Zip Code
Suffolk VA 23435-3529

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

Name of Employer self-employed dentist Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: 8244087

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 54 / 82
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Michael A Abbott

Mailing Address 5006 Hunting Hills Cir

City State Zip Code
Roanoke VA 24018-8760

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
09 / 24 / 2009

Transaction ID: 8244089

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Roger E Wood

Mailing Address 10741 Cherokee Rd

City State Zip Code
Midlothian VA 23113-1310

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
09 / 24 / 2009

Transaction ID: 8244090

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Rodney J Klima

Mailing Address 9807 Flintridge Ct

City State Zip Code
Fairfax VA 22032-1724

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
09 / 24 / 2009

Transaction ID: 8244093

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 55 / 82
(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)
Mrs. Carol Klima

Mailing Address 9807 Flintridge Court

City State Zip Code
Fairfax VA 22032-1724

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

Name of Employer Occupation
Rod Klima, DDS administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: 8244094

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1100 Mulberry Rd

City State Zip Code
Martinsville VA 24112-5220

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: 8244095

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Ralph L Howell, Jr

Mailing Address 117 Sleepy Ridge Ct

City State Zip Code
Suffolk VA 23435-1357

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: 8244096

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 82

(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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Gus C Vlahos

Mailing Address PO Box 1379

City State Zip Code
Dublin VA 24084-1379

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

Name of Employer self-employed Occupation
Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244097

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Deborah Vlahos

Mailing Address P.O. Box 1379

City State Zip Code
Dublin VA 24084-1379

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

Name of Employer Occupation
Dr. Vlahos Family Dentistry dental hygienist

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244098

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Douglas S Rawls

Mailing Address 704 S Main St

City State Zip Code
Summerville SC 29483-5912

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 8244099

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 82
(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 J Link

Mailing Address 4 Assembly Ct

City State Zip Code
Newport News VA 23606-2022

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
09 / 25 / 2009

Transaction ID: 8248758

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Elizabeth A Jabbour

Mailing Address 350 Briarwood Rd

City State Zip Code
Spartanburg SC 29301-2937

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
09 / 25 / 2009

Transaction ID: 8248759

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr John N Williams, Jr

Mailing Address 84303 Winslow

City State Zip Code
Chapel Hill NC 27517-8538

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
09 / 25 / 2009

Transaction ID: 8248760

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 58 / 82
(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 Gerald Gelfand

Mailing Address 4455 La Barca Dr

City Tarzana State CA Zip Code 91356-5042

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

Name of Employer self-employed Occupation Dental School Faculty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2009
Transaction ID: 8248766
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Stephen D Carter

Mailing Address 1895 Chartwell Trce

City Stone Mountain State GA Zip Code 30087-2208

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2009
Transaction ID: 8248767
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

TOTAL This Period (last page this line number only) ► 69300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 82
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/> 15
<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 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) California Dental PAC		Date of Receipt
Mailing Address PO Box 13749		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 11 / 2009
City	State	Zip Code
Sacramento	CA	95853
FEC ID number of contributing federal political committee.		Transaction ID: 8229307
C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 49.00
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 19090.68	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) New Jersey Dental PAC		Date of Receipt
Mailing Address One Dental Plaza PO Box 6020		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 18 / 2009
City	State	Zip Code
North Brunswick	NJ	08902
FEC ID number of contributing federal political committee.		Transaction ID: 8240572
C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 49.00
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 6494.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 98.00
TOTAL This Period (last page this line number only)	<input type="text"/> 98.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 60 / 82	
	(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

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) 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 09 / 30 / 2009
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		Transaction ID: 8286336
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 29.47
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 746.32	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 29.47
TOTAL This Period (last page this line number only)	<input type="text"/> 29.47

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

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)
Sue Myrick For Congress

Mailing Address P.O. Box 37091

City State Zip Code
Charlotte NC 28237

Purpose of Disbursement
Check sent to Dr. Ken Owen for event 9/9/09

Candidate Name
Rep. Sue Wilkins Myrick

Office Sought: House
 Senate
 President
State: NC District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 8207631
Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

1500.00

Check sent to Dr. Ken Owen for event 9/9/09

B.

Full Name (Last, First, Middle Initial)
John Sullivan For Congress Inc

Mailing Address Post Office Box 470840

City State Zip Code
Tulsa OK 74147

Purpose of Disbursement
Check sent to Dr. James Torchia

Candidate Name
Rep. John Sullivan

Office Sought: House
 Senate
 President
State: OK District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 8224802
Date of Disbursement

09 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Check sent to Dr. James Torchia

C.

Full Name (Last, First, Middle Initial)
Charlie Crist For Us Senate

Mailing Address PO Box 1694

City State Zip Code
Tallahassee FL 32302

Purpose of Disbursement
Check sent to Dr. Kim Jernigan

Candidate Name
Charlie Crist

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 8225183
Date of Disbursement

09 / 10 / 2009

Amount of Each Disbursement this Period

5000.00

Check sent to Dr. Kim Jernigan

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

A. Full Name (Last, First, Middle Initial)
Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
Check sent to Mr. Mike Porter

Candidate Name
Rep. Edward Whitfield

Office Sought: House
 Senate
 President

State: KY District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 8229245
Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1500.00

Check sent to Mr. Mike Porter

B. Full Name (Last, First, Middle Initial)
Kevin Mccarthy For Congress

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Check sent to Dr. Ronald Mead

Candidate Name
Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

State: CA District: 22

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 8229246
Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2500.00

Check sent to Dr. Ronald Mead

C. Full Name (Last, First, Middle Initial)
Demint For Senate Committee Inc

Mailing Address PO Box 12425

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Check sent to Mr. Phil Latham

Candidate Name
Sen. James W. DeMint

Office Sought: House
 Senate
 President

State: SC District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 8229247
Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2500.00

Check sent to Mr. Phil Latham

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Republican Majority Fund</p> <p>Mailing Address PO Box 144</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement Check sent to Dr. Richard Weinman</p> <p>Candidate Name Republican Majority Fund</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: 8229249 Date of Disbursement: 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p> <p>Check sent to Dr. Richard Weinman</p>
<p>B. Full Name (Last, First, Middle Initial) Akin For Congress</p> <p>Mailing Address PO Box 31222</p> <p>City St. Louis State MO Zip Code 63131</p> <p>Purpose of Disbursement Check sent to Dr. Mark Zust</p> <p>Candidate Name Todd Akin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8229250 Date of Disbursement: 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/Type</p> <p>Check sent to Dr. Mark Zust</p>
<p>C. Full Name (Last, First, Middle Initial) Butterfield For Congress Committee</p> <p>Mailing Address PO Box 2571</p> <p>City Wilson State NC Zip Code 27894</p> <p>Purpose of Disbursement Check sent to Kara Henderson</p> <p>Candidate Name Rep. George K. Butterfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8229251 Date of Disbursement: 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/Type</p> <p>Check sent to Kara Henderson</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)

<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)
Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement
Check sent to Dr. George Bailey

Candidate Name
Rep. Ike Skelton

Office Sought: House
 Senate
 President

State: MO District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 8229252

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1500.00

Check sent to Dr. George Bailey

B. Full Name (Last, First, Middle Initial)
Friends Of Patrick Kennedy

Mailing Address 501 Capitol Court NE
Suite 100

City Washington State DC Zip Code 20002

Purpose of Disbursement
Check sent to Dr. Robert Bartro

Candidate Name
Patrick Kennedy

Office Sought: House
 Senate
 President

State: RI District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 8229253

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

5000.00

Check sent to Dr. Robert Bartro

C. Full Name (Last, First, Middle Initial)
Rogers For Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Check sent to Dr. Gary Dwight

Candidate Name
Rep. Michael J. Rogers

Office Sought: House
 Senate
 President

State: MI District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 8229254

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

Check sent to Dr. Gary Dwight

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Doyle for Congress	Transaction ID: 8234010 Date of Disbursement 09 / 15 / 2009
	Mailing Address 2227 Hampton Street	Amount of Each Disbursement this Period 1000.00
	City Pittsburgh State PA Zip Code 15218	
	Purpose of Disbursement Check sent to Dr. Edmund Effort	011 Category/ Type
	Candidate Name Michael Doyle	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Edmund Effort

B.	Full Name (Last, First, Middle Initial) Friends Of Doc Hastings	Transaction ID: 8234570 Date of Disbursement 09 / 15 / 2009
	Mailing Address PO Box 2926	Amount of Each Disbursement this Period 3000.00
	City Pasco State WA Zip Code 99302	
	Purpose of Disbursement Check sent to campaign per Dr. Robert Merrill	011 Category/ Type
	Candidate Name Rep. Richard Hastings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to campaign per Dr. Robert Merrill

C.	Full Name (Last, First, Middle Initial) Evan Bayh Committee	Transaction ID: 8234585 Date of Disbursement 09 / 15 / 2009
	Mailing Address 850 Ft Wayne Avenue	Amount of Each Disbursement this Period 1000.00
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Check sent to Dr. Ed Popchreff	011 Category/ Type
	Candidate Name Sen. Evan Bayh	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Ed Popchreff

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) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Check sent to Dr. Bernie Dishler</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8234586 Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Bernie Dishler</p>
<p>B. Full Name (Last, First, Middle Initial) America's Leadership PAC</p> <p>Mailing Address 607 14th St., NW #800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Check delivered by Kris Nicholoff</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: 8234587 Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check delivered by Kris Nicholoff</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Ryan For Congress</p> <p>Mailing Address 80 F St Nw Suite 804 Suite 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Void - Tim Ryan For Congress-stop payment and voided due to lost check</p> <p>Candidate Name Rep. Timothy J. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8234589 Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Tim Ryan For Congress-stop payment and voided due to lost check</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Penguin PAC	Transaction ID: 8234590 Date of Disbursement 09 / 15 / 2009
	Mailing Address PO Box 75214	Amount of Each Disbursement this Period -2000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Void - Penguin PAC-stop payment and voided due to lost check	011 Category/ Type
	Candidate Name Penguin PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Penguin PAC-stop payment and voided due to lost check
	State: District:	

B.	Full Name (Last, First, Middle Initial) Tim Ryan For Congress	Transaction ID: 8234591 Date of Disbursement 09 / 15 / 2009
	Mailing Address 80 F St Nw Suite 804 Suite 804	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Check sent to Dr. Jim Snelson	011 Category/ Type
	Candidate Name Rep. Timothy J. Ryan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Check sent to Dr. Jim Snelson
	State: OH District: 17	

C.	Full Name (Last, First, Middle Initial) Penguin PAC	Transaction ID: 8234592 Date of Disbursement 09 / 15 / 2009
	Mailing Address PO Box 75214	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Check sent to Dr. Jim Snelson	011 Category/ Type
	Candidate Name Penguin PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Check sent to Dr. Jim Snelson
	State: District:	

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

<p>A. Full Name (Last, First, Middle Initial) Fleming For Congress</p> <p>Mailing Address P.O. Box 1236 Box 281</p> <p>City Minden State LA Zip Code 71058</p> <p>Purpose of Disbursement Check sent to Dr. Gary Roberts</p> <p>Candidate Name Rep. John Fleming, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8234854 Date of Disbursement: 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Gary Roberts</p>
<p>B. Full Name (Last, First, Middle Initial) Sue Myrick For Congress</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8235747 Date of Disbursement: 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p>C. Full Name (Last, First, Middle Initial) Capuano for Senate Committee</p> <p>Mailing Address 172 Central Street</p> <p>City Somerville State MA Zip Code 02145</p> <p>Purpose of Disbursement</p> <p>Candidate Name Michael Capuano</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8235748 Date of Disbursement: 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Bill Cassidy For Congress Mailing Address 3482 Drusilla Lane Suite 1 City Baton Rouge State LA Zip Code 70809 Purpose of Disbursement Check sent to Dr. Jim Moreau Candidate Name Rep. William Cassidy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8235749 Date of Disbursement 09 / 16 / 2009
	Amount of Each Disbursement this Period 1000.00 Check sent to Dr. Jim Moreau

B. Full Name (Last, First, Middle Initial) Kagen 4 Congress Mailing Address 100 West Lawrence St City Appleton State WI Zip Code 54911 Purpose of Disbursement Check sent to Dr. Tim Rose Candidate Name Steven Kagen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8235758 Date of Disbursement 09 / 16 / 2009
	Amount of Each Disbursement this Period 1500.00 Check sent to Dr. Tim Rose

C. Full Name (Last, First, Middle Initial) Kagen 4 Congress Mailing Address 100 West Lawrence St City Appleton State WI Zip Code 54911 Purpose of Disbursement Check sent to Dr. TIm Rose Candidate Name Steven Kagen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8235760 Date of Disbursement 09 / 16 / 2009
	Amount of Each Disbursement this Period 5000.00 Check sent to Dr. TIm Rose

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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

A.	Full Name (Last, First, Middle Initial) Shimkus for Congress	Transaction ID: 8235761 Date of Disbursement 09 / 16 / 2009
	Mailing Address PO Box 5458	Amount of Each Disbursement this Period 1500.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement Check sent to Dr. Keith Dickey	011 Category/ Type
	Candidate Name Rep. John M. Shimkus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Keith Dickey

B.	Full Name (Last, First, Middle Initial) Effective Leadership PAC	Transaction ID: 8236035 Date of Disbursement 09 / 16 / 2009
	Mailing Address 309 LAFAYETTE AVENUE #13M	Amount of Each Disbursement this Period 2000.00
	City BROOKLYN State NY Zip Code 11238	
	Purpose of Disbursement Check sent to PAC for event Bill Prentice will attend 10.9.09	011 Category/ Type
	Candidate Name Effective Leadership PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to PAC for event Bill Prentice will attend 10.9.09

C.	Full Name (Last, First, Middle Initial) Friends Of Schumer	Transaction ID: 8239861 Date of Disbursement 09 / 21 / 2009
	Mailing Address 509 Madison Ave Suite 1902	Amount of Each Disbursement this Period 5000.00
	City New York State NY Zip Code 10022	
	Purpose of Disbursement Check sent to Campaign per Dr. Mark Feldman	011 Category/ Type
	Candidate Name Sen. Charles E. Schumer	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign per Dr. Mark Feldman

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) IMPACT Mailing Address 509 Madison Ave Suite 1902 City New York State NY Zip Code 10022 Purpose of Disbursement Check sent to Campaign per Dr. Mark Feldman Candidate Name IMPACT 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: 8239862 Date of Disbursement 09 / 21 / 2009 Amount of Each Disbursement this Period 5000.00 Check sent to Campaign per Dr. Mark Feldman	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Adler For Congress Mailing Address PO Box 1024 City Mount Laurel State NJ Zip Code 08054 Purpose of Disbursement Check sent to Dr. Charles Perle Candidate Name Mr. John Adler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8240770 Date of Disbursement 09 / 22 / 2009 Amount of Each Disbursement this Period 5000.00 Check sent to Dr. Charles Perle	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Radanovich For Congress Mailing Address 30151 Tomas Street City Rancho Sta Mrgrita State CA Zip Code 92688 Purpose of Disbursement Check sent to Campaign per Pam Woudstra Candidate Name Rep. George P. Radanovich Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8240771 Date of Disbursement 09 / 22 / 2009 Amount of Each Disbursement this Period 2000.00 Check sent to Campaign per Pam Woudstra	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Loeb sack for Congress</p> <p>Mailing Address 385 E. College Street</p> <p>City Iowa City State IA Zip Code 52240</p> <p>Purpose of Disbursement Check sent to Campaign per Larry Carl</p> <p>Candidate Name Rep. Dave Loeb sack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8240772</p> <p>Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign per Larry Carl</p>
<p>B. Full Name (Last, First, Middle Initial) Garamendi For Congress</p> <p>Mailing Address C/O California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426</p> <p>City Long Beach State CA Zip Code 90807</p> <p>Purpose of Disbursement DEBT RETIREMENT 2008</p> <p>Candidate Name Mr. John Garamendi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General Debt 2008</p>	<p>Transaction ID: 8240878</p> <p>Date of Disbursement 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>DEBT RETIREMENT 2008</p>
<p>C. Full Name (Last, First, Middle Initial) Ciro D. Rodriguez For Congress</p> <p>Mailing Address 363 W. Harding</p> <p>City San Antonio State TX Zip Code 78221</p> <p>Purpose of Disbursement Check sent to Dr. Thomas Uribe</p> <p>Candidate Name Ciro Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8241010</p> <p>Date of Disbursement 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Thomas Uribe</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Susan Davis For Congress	Transaction ID: 8241011 Date of Disbursement
	Mailing Address 144 West D St	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Encinitas State CA Zip Code 92024	Amount of Each Disbursement this Period
	Purpose of Disbursement Check sent to Dr. Budd Rubin	<input type="text" value="2500.00"/>
	Candidate Name Rep. Susan A. Davis	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Budd Rubin

B.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 8241012 Date of Disbursement
	Mailing Address 3161 Dixie Highway Suite F	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period
	Purpose of Disbursement Check sent to Dr. W Ken Rich	<input type="text" value="3000.00"/>
	Candidate Name Rep. Geoffrey Davis	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. W Ken Rich

C.	Full Name (Last, First, Middle Initial) Doyle for Congress	Transaction ID: 8241013 Date of Disbursement
	Mailing Address 2227 Hampton Street	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15218	Amount of Each Disbursement this Period
	Purpose of Disbursement Check sent to Dr. Edmund Effort	<input type="text" value="1500.00"/>
	Candidate Name Michael Doyle	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Edmund Effort

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Capps For Congress</p> <p>Mailing Address 301 E. Carrillo Street, Suite A</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement Check sent to Campaign per Pam Woudstra</p> <p>Candidate Name Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8243952 Date of Disbursement: 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign per Pam Woudstra</p>
<p>B. Full Name (Last, First, Middle Initial) Progress PAC</p> <p>Mailing Address PO Box 83142</p> <p>City Gaithersburg State MD Zip Code 20883</p> <p>Purpose of Disbursement Check sent to PAC</p> <p>Candidate Name Progress 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: 8243954 Date of Disbursement: 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to PAC</p>
<p>C. Full Name (Last, First, Middle Initial) Rob Wittman for Congress</p> <p>Mailing Address 14877 Kings Highway PO Box 999</p> <p>City Montross State VA Zip Code 22520</p> <p>Purpose of Disbursement Check sent to Dr. Scott Berman</p> <p>Candidate Name Rob Wittman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8243955 Date of Disbursement: 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Scott Berman</p>

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) Jeff Fortenberry for Congress</p> <p>Mailing Address 1620 N Street</p> <p>City Lincoln State NE Zip Code 68508</p> <p>Purpose of Disbursement Check sent to Campaign per Dr. Ed Vigna</p> <p>Candidate Name Jeffrey Fortenberry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8243956 Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign per Dr. Ed Vigna</p>
<p>B. Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Check sent to Keith Kerns</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8243957 Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Keith Kerns</p>
<p>C. Full Name (Last, First, Middle Initial) Childers For Congress</p> <p>Mailing Address PO Box 177</p> <p>City Booneville State MS Zip Code 38829</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Travis Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8245650 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</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) Follow the North Star Fund</p> <p>Mailing Address 316 E Hennepin Ave Suite 201</p> <p>City Minneapolis State MN Zip Code 55414</p> <p>Purpose of Disbursement Check sent to PAC for lunch hosted by Jim Free</p> <p>Candidate Name Follow the North Star Fund</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: 8245651 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to PAC for lunch hosted by Jim Free</p>
<p>B. Full Name (Last, First, Middle Initial) Rhode Island Hope PAC</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Check sent to PAC for lunch hosted by Jim Free</p> <p>Candidate Name Rhode Island Hope 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: 8245652 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to PAC for lunch hosted by Jim Free</p>
<p>C. Full Name (Last, First, Middle Initial) Leahy For U.S. Senator Committee</p> <p>Mailing Address PO Box 1042</p> <p>City Montpelier State VT Zip Code 05601</p> <p>Purpose of Disbursement Check sent to Campaign for dinner hosted by Jim Free</p> <p>Candidate Name Sen. Patrick Leahy</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8245662 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for dinner hosted by Jim Free</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) Forward Together PAC Mailing Address 201 North Union Street Suite 300 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Check sent to PAC for event attended by Judy Sherman Candidate Name Forward Together PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8245664 Date of Disbursement 09 / 25 / 2009
	Amount of Each Disbursement this Period 1000.00 Check sent to PAC for event attended by Judy Sherman

B. Full Name (Last, First, Middle Initial) Issa For Congress Mailing Address P O Box 760 City Vista State CA Zip Code 92085 Purpose of Disbursement Check sent to Campaign for event attended by Michael Graham on 9/15/09 Candidate Name Rep. Darrell E. Issa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8245665 Date of Disbursement 09 / 25 / 2009
	Amount of Each Disbursement this Period 1000.00 Check sent to Campaign for event attended by Michael Graham on 9/15/09

C. Full Name (Last, First, Middle Initial) Butterfield For Congress Committee Mailing Address PO Box 2571 City Wilson State NC Zip Code 27894 Purpose of Disbursement Check sent to Campaign for event 9/22/09 per Dr. Stan Allen Candidate Name Rep. George K. Butterfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8245666 Date of Disbursement 09 / 25 / 2009
	Amount of Each Disbursement this Period 1000.00 Check sent to Campaign for event 9/22/09 per Dr. Stan Allen

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ciro D. Rodriguez For Congress</p> <p>Mailing Address 363 W. Harding</p> <p>City San Antonio State TX Zip Code 78221</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman 9/30/09</p> <p>Candidate Name Ciro Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8245667 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event attended by Judy Sherman 9/30/09</p>
<p>B. Full Name (Last, First, Middle Initial) Lee Hawkins For Congress</p> <p>Mailing Address 4710 Jim Hood Road</p> <p>City Gainesville State GA Zip Code 30506</p> <p>Purpose of Disbursement Check sent to Campaign per Martha Phillips</p> <p>Candidate Name B Lee Hawkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8246626 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign per Martha Phillips</p>
<p>C. Full Name (Last, First, Middle Initial) Chris Lee For Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Check sent to Campaign for event attended by Dr. Triftshauer on 9/9/09</p> <p>Candidate Name Rep. Christopher Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8246627 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event attended by Dr. Triftshauer on 9/9/09</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Coburn for Senate 2010</p> <p>Mailing Address 3300 West Okmulgee P.O. Box 977</p> <p>City Muskogee State OK Zip Code 74401</p> <p>Purpose of Disbursement Check sent to Campaign for event 7/22/09</p> <p>Candidate Name Thomas Coburn</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8246628 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign for event 7/22/09</p>
<p>B. Full Name (Last, First, Middle Initial) Michael Burgess For Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. Michael C. Burgess, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8246629 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p>C. Full Name (Last, First, Middle Initial) Bob Filner For Congress</p> <p>Mailing Address PO Box 121480</p> <p>City Chula Vista State CA Zip Code 91912</p> <p>Purpose of Disbursement Check sent to Dr. Budd Rubin for event 10/10/09</p> <p>Candidate Name Rep. Bob Filner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8246634 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1600.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Budd Rubin for event 10/10/09</p>

SUBTOTAL of Disbursements This Page (optional) ►

3600.00

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) Bob Filner For Congress Mailing Address PO Box 121480 City Chula Vista State CA Zip Code 91912 Purpose of Disbursement Check sent to Dr. Budd Rubin for event 10/10/09 Candidate Name Rep. Bob Filner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8246636 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 800.00 Check sent to Dr. Budd Rubin for event 10/10/09

B. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address P.O. Box 9336 City Fargo State ND Zip Code 58106 Purpose of Disbursement Check sent to Campaign for event attended by Bill Prentice on 9/16/09 Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8246647 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Check sent to Campaign for event attended by Bill Prentice on 9/16/09

C. Full Name (Last, First, Middle Initial) Conaway For Congress Mailing Address PO Box 51272 City Midland State TX Zip Code 79710 Purpose of Disbursement Check sent to Campaign Candidate Name Rep. Michael K. Conaway Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8246660 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Check sent to Campaign

SUBTOTAL of Disbursements This Page (optional) ▶	4300.00
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

A. Full Name (Last, First, Middle Initial) Kildee For Congress Mailing Address PO Box 317 City Flint State MI Zip Code 48501 Purpose of Disbursement Check sent to Campaign for event attended by Judy Sherman 9/21/09 Candidate Name Dale Kildee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8246663 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Check sent to Campaign for event attended by Judy Sherman 9/21/09
B. Full Name (Last, First, Middle Initial) Fattah For Congress Mailing Address 3900 Ford Road Suite 12-O City Philadelphia State PA Zip Code 19131 Purpose of Disbursement Judy Sherman attended event on 9/22 Candidate Name Rep. Chaka Fattah Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8248781 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Judy Sherman attended event on 9/22

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

12990.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 / 82

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

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 8286337

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

49.61

SUBTOTAL of Disbursements This Page (optional)

49.61

TOTAL This Period (last page this line number only)

49.61