

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Dental Association Political Action Committee

ADDRESS (number and street) 1111 14th Street, NW
Suite 1100
Washington DC 20005-5627
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Harrison, Thomas, F., Dr.,
Type or Print Name of Treasurer

Signature of Treasurer Harrison, Thomas, F., Dr., [Electronically Filed] Date 10 / 19 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		567920.69
(b) Cash on Hand at Beginning of Reporting Period.....	328226.51	
(c) Total Receipts (from Line 19)	64378.12	957164.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	392604.63	1525085.26
7. Total Disbursements (from Line 31).....	171220.30	1303700.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	221384.33	221384.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	59419.77	235428.06
(ii) Unitemized	2946.88	632689.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	62366.65	868117.38
(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)	62366.65	868117.38
12. Transfers From Affiliated/Other Party Committees.....	0.00	79376.02
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	23.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2000.00	9000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	11.47	647.67
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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)).....▶	64378.12	957164.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	64378.12	957164.57

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	3120.30	6728.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3120.30	6728.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	295000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	167100.00	993195.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1000.00	4850.00
(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)).....	1000.00	4850.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	3927.50
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	171220.30	1303700.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	171220.30	1303700.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	62366.65	868117.38
34. Total Contribution Refunds (from Line 28(d))	1000.00	4850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61366.65	863267.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3120.30	6728.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	23.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3120.30	6704.93

**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 6 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Armfield, Mark, H, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Angelina Dr
 City Augusta State KS Zip Code 67010-2263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 01 / 2016
Transaction ID : A8CE3915E32D14F7E909
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Armfield, Melodee, R, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Angelina Dr
 City Augusta State KS Zip Code 67010-2263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 01 / 2016
Transaction ID : AC467FE9198524DDDA9E
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bander, Samuel, Thomas, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1327 Old Lake Ct SE
 City Grand Rapids State MI Zip Code 49546-4350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 22 / 2016
Transaction ID : A66D7B7D4A6E44566830
 Amount of Each Receipt this Period 375.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1375.00
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 7 OF 77
	<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"/>	<input type="checkbox"/> 17

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

A. Barsamian, Mark, T, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47602 Greenwich Dr

City Novi	State MI	Zip Code 48374-2846
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : A3AE0207DB01F4281A3B

Amount of Each Receipt this Period
250.00

Memo Item

B. Barsley, Robert, Emmett, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 S 4th St

City Ponchatoula	State LA	Zip Code 70454-2705
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LSUHSC	Occupation (for Individual) Dentist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : AD3BD3680E54B4E36A71

Amount of Each Receipt this Period
500.00

Memo Item

C. Benivegna, Vincent, V, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3585 Cabaret Trl

City Okemos	State MI	Zip Code 48864-4082
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : AD32B70D2F52E45AE9D4

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bishop, Deborah, S, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Buck Island Pt
 Ste 7-C
 City Guntersville State AL Zip Code 35976-8416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 13 / 2016
Transaction ID : A234A132D47704695BD2
 Amount of Each Receipt this Period 76.92
 Memo Item

B. Bisquerra, Jose, Michael, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5026 Bridgeton Place Ln
 City Sugar Land State TX Zip Code 77479-1541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2016
Transaction ID : AA6A25519C3204F1AB66
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Black, Richard, C, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Camino Barranta
 City El Paso State TX Zip Code 79912-3434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 19 / 2016
Transaction ID : AAE7E0A9637314438886
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	426.92
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 OF 77
	<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. Bordenave Bishop, Susan, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7314 N Edgewild Dr

City Peoria	State IL	Zip Code 61614-2114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : AA3391595652A44B7833

Amount of Each Receipt this Period
500.00

Memo Item

B. Braden, Ryan, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W1908 Briar Ridge St
Unit 105

City Lake Geneva	State WI	Zip Code 53147-4704
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : A07CF70ADF2114F6CA56

Amount of Each Receipt this Period
250.00

Memo Item

C. Calderwood, Cody, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 E 450 South St

City Midway	State UT	Zip Code 84049-0000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : A79D3CE7CFE6842ADB76

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 77
	<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. Caputo, Anthony, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5255 N Salida Del Sol Dr

City Tucson	State AZ	Zip Code 85718-5411
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : AAD1A0D40826848078BE

Amount of Each Receipt this Period
1000.00

Memo Item

B. Cassella, Edmund, Anthony, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 744 Onaha St

City Honolulu	State HI	Zip Code 96816-4921
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : A501F943D6B064190907

Amount of Each Receipt this Period
1000.00

Memo Item

C. Chamberlain, Darren, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5976 W 8000 S

City Payson	State UT	Zip Code 84651-9731
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : A21F6EAB5001845869FC

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 OF 77
<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. Chaney, Mark, Stephen, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Penns Chapel Rd
 City Mandeville State LA Zip Code 70471-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2016
Transaction ID : A4466ECD10C714EA59F1
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Chiera, Edward, J, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2628 S Herbert Dr
 City Beloit State WI Zip Code 53511-2148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : A62E9C539EFCF4CA1907
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Clemens, David, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address E10191 Pickerel Slough Rd
 City Wisconsin Dells State WI Zip Code 53965-7910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : A002941560B2D494E939
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 77
	<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. Compton, Lindsay, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3115 Zuni St

City Denver	State CO	Zip Code 80211-3830
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : AC191480F354144B79B7

Amount of Each Receipt this Period
250.00

Memo Item

B. Conlon, Steven, M, Dr., DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 709 Cardinal Dr SE

City Grand Rapids	State MI	Zip Code 49506-3416
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : A0EE60B05BAEC4C61815

Amount of Each Receipt this Period
500.00

Memo Item

C. Curtis, Eric, K, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 721

City Thatcher	State AZ	Zip Code 85552-0721
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : A6DD810D6B35A4DBFAC9

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 77
<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. Daly, Nelson, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15318 Campanile Ct

City Baton Rouge	State LA	Zip Code 70810-8379
---------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016

Transaction ID : AA48CD871665646CC9CF

Amount of Each Receipt this Period
250.00

Memo Item

B. DeGenova, David, Carl, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5529 Cherlyn Dr

City New Orleans	State LA	Zip Code 70124-1136
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016

Transaction ID : AEBA34988774C4DEA981

Amount of Each Receipt this Period
500.00

Memo Item

C. Dragon, Richard, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1805 Camas Ct

City Gardnerville	State NV	Zip Code 89410-6675
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016

Transaction ID : A3873D359E0974207B5C

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 77
	<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. Dube, Nathalie, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 524 S Fancher St
Ste C

City Mt Pleasant State MI Zip Code 48858-2617

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : AC22529076B8449E6B99

Amount of Each Receipt this Period 500.00

Memo Item

B. Earle, Kevin, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3193 N Drinkwater Blvd

City Scottsdale State AZ Zip Code 85251-6491

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

Name of Employer (for Individual) Arizona Dental Association Occupation (for Individual) Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 21 / 2016
Transaction ID : A62B9AAFD310841C9AD4

Amount of Each Receipt this Period 500.00

Memo Item

C. Ehtessabian, Jason, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1320 Peninsula Cir

City Castle Rock State CO Zip Code 80104-3711

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2016
Transaction ID : AB944EB65196040B5A04

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 15 OF 77
<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. Enos, Jennifer, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3326 N Granite Reef Rd

City Scottsdale	State AZ	Zip Code 85251-5921
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : A70CE9BDCF7A94A60907

Amount of Each Receipt this Period
1000.00

Memo Item

B. Fales, John, T, Dr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14075 W 143rd St

City Olathe	State KS	Zip Code 66062-9517
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : AC37D1E8D6A28401DBB3

Amount of Each Receipt this Period
1000.00

Memo Item

C. Field, Gary, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2175 Mulligan Dr

City Colorado Springs	State CO	Zip Code 80920-1611
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : AF5154F91674B41B293B

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 OF 77
	<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. Foster, Karen, Diane, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26455 E Otero Dr

City Aurora	State CO	Zip Code 80016-2069
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : AB76744D54C014971A4C

Amount of Each Receipt this Period
500.00

Memo Item

B. Foy, Charles, B, Dr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Greenbriar Dr

City Covington	State LA	Zip Code 70433-4542
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2016

Transaction ID : A6006BC181AA74535A06

Amount of Each Receipt this Period
1000.00

Memo Item

C. Fujimoto, Lynn, , Dr., DMD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 98-660 Papalealii St

City Aiea	State HI	Zip Code 96701-2728
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : AA7F15EC9D50D4190BC2

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 17 OF 77
	<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	<input type="checkbox"/> 17

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

A. Fujimoto, Patsy, K, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 224 Haili St

City Hilo	State HI	Zip Code 96720-2975
--------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : A9FA46A09E7A44CD199C

Amount of Each Receipt this Period
1000.00

Memo Item

B. Gerlach, William, H, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113 Oak Hollow Dr

City Plano	State TX	Zip Code 75093-6349
---------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2016

Transaction ID : A71DBD5D1942649BA951

Amount of Each Receipt this Period
1000.00

Memo Item

C. Goad, Jamie, Dale, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 610

City Carrizozo	State NM	Zip Code 88301-0610
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : A848B05A9891B4AE9A32

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 OF 77
	<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"/>	<input type="checkbox"/> 17

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

A. Halasz, Michael, H, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9146 Beacon Light Ct

City Dayton	State OH	Zip Code 45458-3638
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : A1D5B3BE2544E4D93991

Amount of Each Receipt this Period
250.00

Memo Item

B. Hamerink, Howard, Andrew, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10306 Normandy Dr

City Plymouth	State MI	Zip Code 48170-3246
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : AF87D4B35DEAD4E4EBB4

Amount of Each Receipt this Period
750.00

Memo Item

C. Harris, Stephen, R, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22170 Sheffield Dr

City Farmington Hills	State MI	Zip Code 48335-5472
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : A95BE6D3183434099A7D

Amount of Each Receipt this Period
250.00

Memo Item

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 19 OF 77
	<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. Hebl, Monica, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 N 89th St
 City Wauwatosa State WI Zip Code 53226-4501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : AA369CB945120476584E
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Heinrich-Null, Lisa, A, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Champions Row # 6701N
 City Victoria State TX Zip Code 77904-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 542.86

Date of Receipt 09 / 30 / 2016
Transaction ID : A949A626873BB47CB9D9
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Herre, Craig, W, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11435 Manor Rd
 City Leawood State KS Zip Code 66211-2932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2016
Transaction ID : A5CE5C085465C485A8D7
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 20 OF 77
<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. Hill, Gregory, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26881 E Arbor Dr

City Aurora	State CO	Zip Code 80016-6126
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : AAD71B5C0EB04466391A

Amount of Each Receipt this Period
250.00

Memo Item

B. Hill, Rodney, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 914 S David St

City Casper	State WY	Zip Code 82601-3738
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : A9D09C59466704866B1D

Amount of Each Receipt this Period
1000.00

Memo Item

C. House, Allison, Borden, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10615 N 44th St

City Phoenix	State AZ	Zip Code 85028-3539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : AAF5DD474F79F49AE986

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Hughes, Mark, B, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25201 N 47th Dr
 City Phoenix State AZ Zip Code 85083-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2016
Transaction ID : A7EC7A30586D440ED901
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ikeda, Jana, A, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 S Broadway St Ste 210
 City Boulder State CO Zip Code 80305-5972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : AF831D9156B1C4261979
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Jackson, David, P, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9245 Anhawa Ave
 City Longmont State CO Zip Code 80503-7896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : A9BED00A1E61D46E08B0
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 22 OF 77
	<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. Jaeger, Frederick, J, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6904 Ramsey Rd
 City Middleton State WI Zip Code 53562-5120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016
Transaction ID : AF648DB8B38964A7E957
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Johnson, Christopher, D, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3120 Eisenhower St
 City Eau Claire State WI Zip Code 54701-6531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : ADC946E13F4A741A9BFE
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Johnston, Mark, M, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3640 Muirfield Dr
 City Lansing State MI Zip Code 48911-1243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : AADD6DCFEC9854E92B1B
 Amount of Each Receipt this Period 500.00
 Memo Item

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: (check only one)	PAGE 23 OF 77
	<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. Jones, Gary, Owen, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3765 E Palm St
 City Mesa State AZ Zip Code 85215-1107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2016
Transaction ID : A246A5C67508B43F19EA
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Joshi, Bharat, C, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 454 Broadway
 City Hastings On Hudson State NY Zip Code 10706-2303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bharat C. Joshi Occupation (for Individual) Bharat C. Joshi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2016
Transaction ID : AF9131EA4BE8A4B8896B
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kahl, Jeffrey, Allen, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5884 Walsh Pt Apt 303
 City Colorado Springs State CO Zip Code 80919-2036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2016
Transaction ID : AA232648F0DFF4E53B00
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 24 OF 77
	<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. Kaske, H Michael, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 327 E Hunt Ave
 City Twin Lakes State WI Zip Code 53181-9620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : AA2CC205289A74891A59
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kaufmann, Stephenie, H, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 W Midland Ave Ste 110
 City Woodland Park State CO Zip Code 80863-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : A3A3555438A5D4068AEB
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kessler, Brett, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7750 E 26th Ave
 City Denver State CO Zip Code 80238-2423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2016
Transaction ID : A8F7B587DB8EA4FC19EF
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 25 OF 77
	<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. Kincheloe, Bradley, B, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1763 Milton Dr
 City Cheyenne State WY Zip Code 82001-1642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2016
Transaction ID : A5B1B84ABF5F14D79954
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Klemmedson, Daniel, J, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4501 N Paseo Imuris
 City Tucson State AZ Zip Code 85750-1710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : AD73AC8D9E7F8421D846
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Knowles, Lisa, Lynn, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1053 Lantern Hill Dr
 City East Lansing State MI Zip Code 48823-2831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IntentionalDental Consulting Occupation (for Individual) Part Time Practice & Speaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : AFBAF4105321D4198AA7
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 26 OF 77
<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. Kyle, Frank, A., Dr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5703 Woodlawn Gable Dr
Apt K

City Alexandria	State VA	Zip Code 22309-4617
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Dental Association	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : ABF473043030F4801905

Amount of Each Receipt this Period
1000.00

Memo Item

B. LeRoy, Dana, Kistler, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1341 Cattail Ct

City Sheridan	State WY	Zip Code 82801-2157
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : A1DF50EBFD0854A8291A

Amount of Each Receipt this Period
500.00

Memo Item

C. Lobb, William, K, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1142 Eastern Trl

City Mukwonago	State WI	Zip Code 53149-1049
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : A557250EE7F9740F0B1E

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 27 OF 77
	<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	<input type="checkbox"/> 17

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

A. Luminais, Kenneth, , Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 E Lakeshore Dr
 City Thibodaux State LA Zip Code 70301-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 09 / 01 / 2016
Transaction ID : A5A2D32009ABF4AB6ACC
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Lurye, David, Craig, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 River Park Dr
 City Ridgway State CO Zip Code 81432-8710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : A272119B2D21B4F0993A
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Maihofer, Michael, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21624 Blackburn St
 City Saint Clair Shores State MI Zip Code 48080-1290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A39F0776531D44060802
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 28 OF 77
	<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. Manzanaras, David, James, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13240 Silver Peak PI NE
 Apt 701
 City Albuquerque State NM Zip Code 87111-8261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2016
Transaction ID : ADD35EF404A1B42D4862
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mauterer, Carrie, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2340 Garrison St
 City Lakewood State CO Zip Code 80215-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2016
Transaction ID : ABF2C238CF2F14F6DBD9
 Amount of Each Receipt this Period 250.00
 Memo Item

C. McAlpine, George, J, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5640 N Campbell Rd
 City Las Vegas State NV Zip Code 89149-3333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : AB438D4DBB0194E34868
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 77
<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. McCandless, Georganne, Patricia, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11011 Spell Rd

City Tomball	State TX	Zip Code 77375-7025
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : A16B75EBEF36A4E44ADE

Amount of Each Receipt this Period
250.00

Memo Item

B. Meraw, Stephen, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11250 E 13 Mile Rd
Ste 4

City Warren	State MI	Zip Code 48093-2597
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : A4C15470099D142C19AD

Amount of Each Receipt this Period
250.00

Memo Item

C. Merritt, Kennedy, Wood, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7214 E Montgomery Rd

City Scottsdale	State AZ	Zip Code 85266-1898
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : AB024B4AAD7DC4E588EE

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 77
	<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. Meyers, Carl, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Oak St
 Ste R
 City West Bend State WI Zip Code 53095-3800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : A62AF4B9B00084922B08
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Morgan, Christopher, D, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2287 Calle Cacique
 City Santa Fe State NM Zip Code 87505-4909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : AD99C1E67906D4251806
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Morrow, Carol, Marie, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 N Kansas
 City Walsh State CO Zip Code 81090-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : AD778F3D6F14F4752942
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 31 OF 77
	<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. Murphy, Ned, James, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5718 Wildwood Dr

City Mount Pleasant	State WI	Zip Code 53403-9711
------------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : A156216F9310941EA8BB

Amount of Each Receipt this Period
500.00

Memo Item

B. Oelfke, Gregory, Keith, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 82 Greensward Ln

City Sugar Land	State TX	Zip Code 77479-2503
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : A5CC59FEE63C94E26960

Amount of Each Receipt this Period
250.00

Memo Item

C. Oettmeier, Bert, W, Dr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18130 Windsor Dr

City Stilwell	State KS	Zip Code 66085-9041
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2016

Transaction ID : AFBACC18B249245D1985

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 77
<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. Olsen, Fred, , Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7250 W Laurel Ln

City Peoria	State AZ	Zip Code 85345-8787
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : A62663B6FA487401D87E

Amount of Each Receipt this Period
500.00

Memo Item

B. Pafford, Gregory, Michael, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2048 E Glenn Dr

City Phoenix	State AZ	Zip Code 85020-5600
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : AF309A9F5AF034F45AC9

Amount of Each Receipt this Period
1000.00

Memo Item

C. Paget, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6737 W Washington St
Ste 2360

City Milwaukee	State WI	Zip Code 53214-5648
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Wisconsin Dental Association	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : A3FD59377F9704AA7990

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 33 OF 77
<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. Peters, Kenneth, S, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9202 Prairie View Dr
 City Highlands Ranch State CO Zip Code 80126-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016
Transaction ID : A221798BAB19642DD919
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Pope, D Spencer, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 Green Glen Ct
 City New Lenox State IL Zip Code 60451-2583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 642.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : A6FAD226E566E4AAD8BF
 Amount of Each Receipt this Period
 71.43
 Memo Item

C. Powley, W. Brian, , Dr., DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11640 N Tatum Blvd Unit 1081
 City Phoenix State AZ Zip Code 85028-1683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2016
Transaction ID : A18732DAF2D9447269B0
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	654.76
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 34 OF 77
	<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. Powley, W. Brian, , Dr., DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11640 N Tatum Blvd
 Unit 1081
 City Phoenix State AZ Zip Code 85028-1683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1749.97

Date of Receipt 09 / 21 / 2016
Transaction ID : A2B60FFD5CA1C48CA84F
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Radack, Stephen, T, Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5908 Beacon Hill Ln
 City Erie State PA Zip Code 16509-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2016
Transaction ID : A2945AD8DF126421B903
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Raimann, Thomas, E, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5665 Balboa Dr
 City New Berlin State WI Zip Code 53151-8081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 22 / 2016
Transaction ID : A7D119F5BA8D747A4AAF
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 35 OF 77
	<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. Ramanathan, Janaki, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5255 N Salida Del Sol Dr

City Tucson	State AZ	Zip Code 85718-5411
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : A31446220B2D74BFA947

Amount of Each Receipt this Period
500.00

Memo Item

B. Robertson, Jessica, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1110 W Beal Rd

City Flagstaff	State AZ	Zip Code 86001-1281
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : ACDFDCFBDAC0E4BA7BC

Amount of Each Receipt this Period
500.00

Memo Item

C. Robertson, Kirk, James, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1110 W Beal Rd

City Flagstaff	State AZ	Zip Code 86001-1281
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : AF5FD56C82FCD4E509CD

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 36 OF 77
<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. Rogers, Paul, N, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2303 Maplecrest Dr

City Arkansas City	State KS	Zip Code 67005-8729
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2016

Transaction ID : AE5C5FC254CCC4DC282C

Amount of Each Receipt this Period
500.00

Memo Item

B. Roufs, Brett, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3231 Royer West Dr

City Newton	State KS	Zip Code 67114-9639
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : AE60DC5810E7E430CA65

Amount of Each Receipt this Period
1000.00

Memo Item

C. Roufs, Michelle, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3231 Royer West Dr

City Newton	State KS	Zip Code 67114-9639
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) homemaker
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : AC7FB89DEB433483A985

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 37 OF 77
<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. Sanders, Lance, Vandohrn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9709 Grand Oak Dr

City Austin	State TX	Zip Code 78750-3803
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : A29AAD777FC074C1DACE

Amount of Each Receipt this Period
250.00

Memo Item

B. Schefke, Philip, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2928 Shepherd Ct

City Woodridge	State IL	Zip Code 60517-1930
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : A696D6C7605BC4770AAD

Amount of Each Receipt this Period
333.33

Memo Item

C. Schripsema, Thomas, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City Albuquerque	State NM	Zip Code 87111-0000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : A4B8028F50D1641C3AF9

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.33
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 38 OF 77
	<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"/>	<input type="checkbox"/> 17

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

A. Sherwood, Cynthia, E, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3936 S 10th St
 City Independence State KS Zip Code 67301-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2016
Transaction ID : A793AE69840FE4FA6B8D
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Shimizu, Curt, S, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 S Kuakini St Apt 1
 City Honolulu State HI Zip Code 96813-1637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : A9183A0A999DA49B089D
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Shunk, Clayton, C, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2170 W 14th St
 City Sault S Marie State MI Zip Code 49783-9401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : A993168EF8A6343C2881
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 39 OF 77
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Singleton, Rebecca, , Dr.,

Mailing Address 1889 Gayle Dr

City Lexington	State KY	Zip Code 40505-2555
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Missouri Highlands	Occupation (for Individual) Dentist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2016

Transaction ID : AC4105603FB844A1CAA0

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Skinner, Robert, L, Dr.,

Mailing Address 4621 E Valley Rd

City Fort Smith	State AR	Zip Code 72903-3539
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2016

Transaction ID : A6384B1686CA94A1DBCC

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Smith, AJ, , Dr.,

Mailing Address 1059 S Military Dr

City Salt Lake City	State UT	Zip Code 84105-1747
------------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2016

Transaction ID : A5DFAA2808C43491E868

Amount of Each Receipt this Period
1000.00

Memo Item

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 40 OF 77
<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. Snyder, Randolph, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4872 W 31st Pl

City Yuma	State AZ	Zip Code 85364-7416
--------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : A389C0549319E436DA40

Amount of Each Receipt this Period
500.00

Memo Item

B. Soileau, Kristi, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5529 Cherlyn Dr

City New Orleans	State LA	Zip Code 70124-1136
---------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2016

Transaction ID : ABD7CCD15B83C4A73AF7

Amount of Each Receipt this Period
1000.00

Memo Item

C. Summerhays, Carol, Gomez, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) ADA	Occupation (for Individual) Pres. of ADA
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1499.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2016

Transaction ID : AD3D8783B20544F5BA14

Amount of Each Receipt this Period
166.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1666.66
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 41 OF 77
	<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. Tait, Robert, M, Dr., DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5239 SW Raintree Pkwy
main st.

City Lees Summit	State MO	Zip Code 64082-0000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2EE179C722764532870

Amount of Each Receipt this Period
100.00

Memo Item

B. Talley, Robert, Harry, Dr., CAE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2364 Wood Village Dr

City Henderson	State NV	Zip Code 89044-4490
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : AE156AFCEEA424BAA925

Amount of Each Receipt this Period
250.00

Memo Item

C. Tepe, Patrick, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7329 University Ave

City Middleton	State WI	Zip Code 53562-3109
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : A2D66633DD60947CB98F

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 42 OF 77
<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. Thakkar, Nipa, R, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 East Ave

City Wellsboro	State PA	Zip Code 16901-1715
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
571.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : ACF2DC62EEECF4DA4B4

Amount of Each Receipt this Period
71.43

Memo Item

B. Tremblay, Robert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1271 Creek Pointe Dr

City Rochester	State MI	Zip Code 48307-1726
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : A119AF5CE6BF3459D8D7

Amount of Each Receipt this Period
500.00

Memo Item

C. Tulak-Gorecki, Michele, Marie, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3191 Hedgewood Ln

City Rochester Hills	State MI	Zip Code 48309-4510
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : AD905796267BD417D84C

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1071.43
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 43 OF 77
<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. Valles, Joe, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Central Ave SE

City Albuquerque	State NM	Zip Code 87102-3520
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016

Transaction ID : A5B7E8B9CC96040FBA8B

Amount of Each Receipt this Period
250.00

Memo Item

B. Vandelaar, Kent, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1737 Brickyard Ln

City Chippewa Falls	State WI	Zip Code 54729-2294
------------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016

Transaction ID : A914AC420619D4A42852

Amount of Each Receipt this Period
250.00

Memo Item

C. Varley, Michael, R, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2845 Spring Hill Peak

City Highlands Ranch	State CO	Zip Code 80129-4334
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2016

Transaction ID : AA1234FDB7E1345D4A05

Amount of Each Receipt this Period
1000.00

Memo Item

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 44 OF 77
	<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. Vigna, Edward, John, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21589 Cloverleaf Pl

City Nemo	State SD	Zip Code 57759-7500
--------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : ADAA981A79CB24B61B59

Amount of Each Receipt this Period
100.00

Memo Item

B. Vitek-Hitchcock, Alexa, Marie, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13681 Cottonwood Dr

City Dewitt	State MI	Zip Code 48820-9056
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : AA049D9BAFE5C47719B7

Amount of Each Receipt this Period
250.00

Memo Item

C. Wells, Erik, H, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 282 Fountainhead Dr

City Jefferson	State GA	Zip Code 30549-6709
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : A7FB27F0330BF498782D

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	391.67
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 45 OF 77
	<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"/>	<input type="checkbox"/> 17

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

A. Whitis, H Warren, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 719 W Semmes Ave

City Osceola	State AR	Zip Code 72370-2301
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

Transaction ID : A47AA2AD3E3B0424185C

Amount of Each Receipt this Period
250.00

Memo Item

B. Whitman, Sidney, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 Florence Ln

City Princeton	State NJ	Zip Code 08540-2631
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : A0F9977FBC86D47C8B5C

Amount of Each Receipt this Period
500.00

Memo Item

C. Wilhite, Steve, E, Dr., DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2142B Mauna PI
Apt B

City Honolulu	State HI	Zip Code 96822-2504
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Dentist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : AD3AC91D3DAAE4C8E8F8

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 46 OF 77
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
Zeh, Glenn, A, Dr.,

Mailing Address **274 W Center St**

City **Kaysville** State **UT** Zip Code **84037-1845**

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

Name of Employer (for Individual) **self-employed** Occupation (for Individual) **Dentist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 21 / 2016

Transaction ID : AA27A084237CB45DCB58

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	59419.77

**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 47 OF 77
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Citibank 1

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 Vermont Ave NW

City Washington	State DC	Zip Code 20005-3754
--------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.17

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2016

Transaction ID : ADD07C3859DE64DFAA53

Amount of Each Receipt this Period
11.47

Memo Item

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	11.47
TOTAL This Period (last page this line number only).....▶	11.47

**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 48 OF 77
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name
21st Century Majority Fund

Mailing Address 6065 Roswell Road, #2274
Box 2274

City Atlanta	State GA	Zip Code 30328-4011
-----------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		16		2016

Transaction ID : ADED70E52E9F94A7688E

Amount of Each Receipt this Period
2000.00

Memo Item
Leadership PAC refund

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave NW

City
Washington

State
DC

Zip Code
20005-3754

Purpose of Disbursement
credit card fees

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2016

FEC Identification Number

C
Transaction ID : B20A7A8C93
Amount of Each Disbursement this Period
 3055.10

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank 1

Mailing Address 1500 Vermont Ave NW

City
Washington

State
DC

Zip Code
20005-3754

Purpose of Disbursement
service charges

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2016

FEC Identification Number

C
Transaction ID : B49A5533F4E
Amount of Each Disbursement this Period
 65.20

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

3120.30
 3120.30

**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"/> 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

Full Name (Last, First, Middle Initial) A. Adrian Smith for Congress		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address 3321 Avenue 1 Ste 6		FEC Identification Number C C00412890 Transaction ID : B6E8C75D7C Amount of Each Disbursement this Period 2500.00
City Scottsbluff	State NE	Zip Code 69361
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Smith, Adrian, M., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 03	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AL LAWSON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 400 NORTH ADAMS ST.		FEC Identification Number C C00460261 Transaction ID : BF08203A745 Amount of Each Disbursement this Period 2000.00
City TALLAHASSEE	State FL	Zip Code 32301
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Lawson, Alfred, , , JR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 05	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Andre Carson For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address P.O. Box 1863		FEC Identification Number C C00442921 Transaction ID : B993421D001 Amount of Each Disbursement this Period 2000.00
City Indianapolis	State IN	Zip Code 46206
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Carson, Andre, D., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 07	<input type="checkbox"/> Memo Item	

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"/> 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

Full Name (Last, First, Middle Initial) A. Andy Harris For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address PO Box 604		FEC Identification Number C C00435974 Transaction ID : B9A3DCDDD Amount of Each Disbursement this Period 2500.00
City Bel Air	State MD	
Purpose of Disbursement Contribution to Federal Candidate		Memo Item <input type="checkbox"/>
Candidate Name Harris, Andy, P., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 01	

Full Name (Last, First, Middle Initial) B. Bilirakis for Congress		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address 610 S Boulevard		FEC Identification Number C C00408534 Transaction ID : BB115B032D! Amount of Each Disbursement this Period 5000.00
City Tampa	State FL	
Purpose of Disbursement Contribution to Federal Candidate		Memo Item <input type="checkbox"/>
Candidate Name Bilirakis, Gus, M., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 12	

Full Name (Last, First, Middle Initial) C. Bill Flores For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address PO Box 6207		FEC Identification Number C C00472241 Transaction ID : B5FC8DAB9! Amount of Each Disbursement this Period 2000.00
City Bryan	State TX	
Purpose of Disbursement Contribution to Federal Candidate		Memo Item <input type="checkbox"/>
Candidate Name Flores, Bill, H., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 17	

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

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. Bill Flores For Congress		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address PO Box 6207		FEC Identification Number C00472241 Transaction ID : B9131718D6z Amount of Each Disbursement this Period -2000.00	
City Bryan	State TX	Zip Code 77805-6207	Category/ Type
Purpose of Disbursement VOID - Contribution to Federal Candidate			
Candidate Name Flores, Bill, H., Rep.,		Disbursement For: 2016	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 17		
Memo Item <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) B. Bill Flores For Congress		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address PO Box 6207		FEC Identification Number C00472241 Transaction ID : BF2A4E3EE6z Amount of Each Disbursement this Period 2000.00	
City Bryan	State TX	Zip Code 77805-6207	Category/ Type
Purpose of Disbursement Contribution to Federal Candidate			
Candidate Name Flores, Bill, H., Rep.,		Disbursement For: 2016	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 17		
Memo Item <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) C. Blumenthal For Senate		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016	
Mailing Address 777 Summer Street		FEC Identification Number C00473587 Transaction ID : B8FC5FAF0z Amount of Each Disbursement this Period 5000.00	
City Stamford	State CT	Zip Code 06901	Category/ Type
Purpose of Disbursement Contribution to Federal Candidate			
Candidate Name Blumenthal, Richard, , Sen.,		Disbursement For: 2016	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT	District:		
Memo Item <input type="checkbox"/>			

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

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

5000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial) A. Byrne For Congress Inc		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address PO Box 2743		FEC Identification Number C 000545673 Transaction ID : BD8749AD87
City Mobile	State AL	Zip Code 36652
Purpose of Disbursement Contribution to Federal Candidate		Amount of Each Disbursement this Period 2000.00
Candidate Name Byrne, Bradley, R., Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AL	District: 01	

Full Name (Last, First, Middle Initial) B. Charlie Dent For Congress		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address PO Box 442		FEC Identification Number C 000386847 Transaction ID : B7AEADD161
City Allentown	State PA	Zip Code 18105
Purpose of Disbursement Contribution to Federal Candidate		Amount of Each Disbursement this Period 1000.00
Candidate Name Dent, Charlie, W., Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 15	

Full Name (Last, First, Middle Initial) C. Citizens For Rush		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address P. O. Box 7292		FEC Identification Number C 000257121 Transaction ID : B3D359D40C
City Chicago	State IL	Zip Code 60680
Purpose of Disbursement VOID - Contribution to Federal Candidate		Amount of Each Disbursement this Period -1000.00
Candidate Name Rush, Bobby, L., Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 01	

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

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

2000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Citizens For Rush

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rush, Bobby, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: IL District: 01

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C C00257121

Transaction ID : BAF1363C61.

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Collins For Congress

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Collins, Doug, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify)

State: GA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00502039

Transaction ID : BFA0956348F

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Michelle Lujan Grisham

Mailing Address 2015 Dietz Pl NW

City Albuquerque State NM Zip Code 87107

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Lujan Grisham, Michelle, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C H8NM01257

Transaction ID : BFE0D1B4A;

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. CRESENT HARDY FOR CONGRESS

Mailing Address PO BOX 753941

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Hardy, Cresent, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District: 04

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C C00550608

Transaction ID : B9B9C404CE
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Crowley, Joseph, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 14

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00338954

Transaction ID : BE17FD2FC4
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DARREN SOTO FOR CONGRESS

Mailing Address 338 N MAGNOLIA AVENUE
SUITE D

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Soto, Darren, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 09

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number

C C00581074

Transaction ID : B20C2A2634
Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Debbie Dingell For Congress

Mailing Address PO Box 746

City Dearborn State MI Zip Code 48121

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Dingell, Debbie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 12

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00558213
Transaction ID : B318451D9C
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dirigo PAC

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Other
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C
Transaction ID : BD1E1DE807
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Doggett for Congress

Mailing Address P.O. Box 5843

City Austin State TX Zip Code 78703

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Doggett, Lloyd, A., Rep., II

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 35

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C H4TX10028
Transaction ID : BEDDBDEE
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

8500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. DON BACON FOR CONGRESS

Mailing Address P.O. BOX 391368

City OMAHA State NE Zip Code 68139

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
DON BACON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C C00575167

Transaction ID : BBEE0B1788

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Doug Lamalfa Committee

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
LaMalfa, Doug, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: CA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C C00509422

Transaction ID : BFC456E88D!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Eye of the Tiger PAC

Mailing Address 3100 Ridgelake - Suite 301

City Metairie State LA Zip Code 70002

Purpose of Disbursement
VOID - Contribution to Federal Leadership PAC

Candidate Name
Eye of the Tiger PAC

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼ Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00467431

Transaction ID : B2E22BC2C!

Amount of Each Disbursement this Period

-5000.00

Memo Item

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

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

-1500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Eye of the Tiger PAC

Full Name (Last, First, Middle Initial)
Mailing Address 3100 Ridgelake - Suite 301

City Metairie State LA Zip Code 70002

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name
Eye of the Tiger PAC

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Other

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C00467431
Transaction ID : B95FF0B4A9
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Friends Of Bill Posey

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Posey, Bill, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: FL District: 08

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C00444968
Transaction ID : B847999AAE1
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Friends Of Dave Reichert

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Reichert, Dave, G., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: WA District: 08

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C00397737
Transaction ID : BFC1EAC89;
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

8000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial) A. Friends Of Elizabeth Esty		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address PO Box 61		FEC Identification Number C00494203 Transaction ID : B4F830F4301 Amount of Each Disbursement this Period 2000.00
City Cheshire	State CT	Zip Code 06410
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Esty, Elizabeth, H., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Friends Of Elizabeth Esty		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address PO Box 61		FEC Identification Number C00494203 Transaction ID : BC283497FF4 Amount of Each Disbursement this Period 1000.00
City Cheshire	State CT	Zip Code 06410
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Esty, Elizabeth, H., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Friends Of Elizabeth Esty		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address PO Box 61		FEC Identification Number C00494203 Transaction ID : B302FC37B0 Amount of Each Disbursement this Period -1000.00
City Cheshire	State CT	Zip Code 06410
Purpose of Disbursement VOID - Contribution to Federal Candidate		Category/ Type
Candidate Name Esty, Elizabeth, H., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
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"/> 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

Full Name (Last, First, Middle Initial)

A. Friends Of Erik Paulsen

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2016

Mailing Address P.O. Box 44369
250 Prairie Center Drive

FEC Identification Number

C	C00439661
Transaction ID : B0941CDAFE	
Amount of Each Disbursement this Period	
	2500.00

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement
Contribution to Federal Candidate

Category/Type

Candidate Name
Paulsen, Erik, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MN District: 03

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Bridenstine Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2016

Mailing Address Pmb 230
8086 South Yale

FEC Identification Number

C	C00502393
Transaction ID : BF00F24CC7!	
Amount of Each Disbursement this Period	
	1500.00

City Tulsa State OK Zip Code 74136

Purpose of Disbursement
Contribution to Federal Candidate

Category/Type

Candidate Name
Bridenstine, Jim, F., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: OK District: 01

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAUL MITCHELL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

Mailing Address 66860 VAN DYKE ROAD

FEC Identification Number

C	C00581090
Transaction ID : BA734B8D7!	
Amount of Each Disbursement this Period	
	2500.00

City WASHINGTON State MI Zip Code 48095

Purpose of Disbursement
Contribution to Federal Candidate

Category/Type

Candidate Name
Mitchell, Paul, , III

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 10

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial) A. Friends Of Rosa DeLauro		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address 129 Church St, Ste 818		FEC Identification Number C 000238865 Transaction ID : BC30A5E909
City New Haven	State CT	Zip Code 06510
Purpose of Disbursement Contribution to Federal Candidate		Amount of Each Disbursement this Period 5000.00
Candidate Name DeLauro, Rosa, L., Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CT	District: 03	

Full Name (Last, First, Middle Initial) B. Friends Of Stewart Mills, Inc.		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address PO Box 1039		FEC Identification Number C 000546739 Transaction ID : BEC0D7891B
City Brainerd	State MN	Zip Code 56401
Purpose of Disbursement Contribution to Federal Candidate		Amount of Each Disbursement this Period 2500.00
Candidate Name Friends Of Stewart Mills, Inc.		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. Grace For New York		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 49-04 43rd Ave		FEC Identification Number C 000516666 Transaction ID : BA65171B12
City Woodside	State NY	Zip Code 11377
Purpose of Disbursement Contribution to Federal Candidate		Amount of Each Disbursement this Period 2500.00
Candidate Name Meng, Grace, , Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 06	

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. Grace For New York		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 49-04 43rd Ave		FEC Identification Number C 000516666 Transaction ID : BC12226C67I Amount of Each Disbursement this Period 2500.00
City Woodside	State NY	Zip Code 11377
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Meng, Grace, , Rep.,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 06	

Full Name (Last, First, Middle Initial) B. Gregg Harper For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address Post Office Box 54344		FEC Identification Number C 000441295 Transaction ID : BBFB5D93E9 Amount of Each Disbursement this Period 1000.00
City Pearl	State MS	Zip Code 39288
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Harper, Gregg, , Rep.,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS	District: 03	

Full Name (Last, First, Middle Initial) C. Hoosiers For Rokita, Inc.		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address 314 Arsenal Ave.		FEC Identification Number C 000476192 Transaction ID : B7FAFBABC Amount of Each Disbursement this Period 1000.00
City Indianapolis	State IN	Zip Code 46201
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Rokita, Todd, E., Rep.,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 04	

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Hoyer For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Hoyer, Steny, H., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: MD District: 05

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: **C00140715**
Transaction ID : **B0FE24E365f**
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Hurd For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 656

City Helotes State TX Zip Code 78023

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Hurd, Will, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: TX District: 23

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: **C00545467**
Transaction ID : **B09A81D66Ff**
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Issa For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Issa, Darrell, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼

State: CA District: 49

Date of Disbursement: 09 / 09 / 2016

FEC Identification Number: **C00350520**
Transaction ID : **BFEDBF2E5f**
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 10000.00

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

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

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. JASON LEWIS FOR CONGRESS

Mailing Address P.O. BOX 515

City COTTAGE GROVE State MN Zip Code 55016

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Lewis, Jason, Mark, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 12 / 2016

FEC Identification Number

C C00589234

Transaction ID : BD2F53290D
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Wilson, Joe, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: SC District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 13 / 2016

FEC Identification Number

C C00368522

Transaction ID : B57AB4666E
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOSH GOTTHEIMER FOR CONGRESS

Mailing Address PO BOX 584

City RIDGEWOOD State NJ Zip Code 07451

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Gottheimer, Josh, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 12 / 2016

FEC Identification Number

C C00573949

Transaction ID : BCE1549248
Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285-5879

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sinema, Kyrsten, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number

C C00508804
Transaction ID : B230CAA68E
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City PEORIA State IL Zip Code 61612-0735

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Lahood, Darin, Mckay, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C C00575050
Transaction ID : BF95878951F
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Lance, Leonard, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2016

FEC Identification Number

C C00444224
Transaction ID : BC8744300C
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

7500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial) A. Lance For Congress		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address PO Box 225		FEC Identification Number C00444224 Transaction ID : BA81DADD6' Amount of Each Disbursement this Period 2500.00
City Colonia	State NJ	Zip Code 07067
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Lance, Leonard, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Langevin For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 181a Knight Street		FEC Identification Number C00344697 Transaction ID : BE4364733Cf Amount of Each Disbursement this Period 1000.00
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Langevin, Jim, R., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Lobiondo For Congress		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address P. O. Box 550		FEC Identification Number C00269340 Transaction ID : B4BB6C17F! Amount of Each Disbursement this Period 2500.00
City Vineland	State NJ	Zip Code 08362
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name LoBiondo, Frank, A., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 02	<input type="checkbox"/> Memo Item

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

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

6000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Luke Messer For Congress

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Messer, Luke, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: IN District: 06

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C C00460667
Transaction ID : BAC4BD615E
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Maloney For Congress

Mailing Address 49 East 92nd St

City New York State NY Zip Code 10128

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Maloney, Carolyn, B., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NY District: 12

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C C00273169
Transaction ID : B7B0F38D8B
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Burgess, Michael, C., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C C00372532
Transaction ID : B22A9B7C95
Amount of Each Disbursement this Period
4000.00

Memo Item

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"/> 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

Full Name (Last, First, Middle Initial)

A. Mike Bishop For Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Bishop, Michael, D., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 08

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2016

FEC Identification Number

C C00561001
Transaction ID : BDE9A170D1
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE BOST FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1212

City MURPHYSBORO State IL Zip Code 62966

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Bost, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 12

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2016

FEC Identification Number

C C00546499
Transaction ID : B49B64C081f
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE GALLAGHER FOR WISCONSIN

Mailing Address PO BOX 1027

City GREEN BAY State WI Zip Code 54305

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Gallagher, Michael, John, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WI District: 08

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C C00610212
Transaction ID : B0BF4FA7Cf
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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

8500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Nutmeg PAC

Mailing Address 777 Summer Street

City Stamford State CT Zip Code 06901

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) Other

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C
Transaction ID : B32651FBF5!
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

ORRINPAC

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) Other

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2016

FEC Identification Number

C C00235572
Transaction ID : B7F4979BDC!
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Gosar For Congress

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement
ERMK: Beverly Giardino

Candidate Name

Gosar, Paul, A., Rep.,

Office Sought: House Senate President

State: AZ District: 04

Disbursement For: 2016
 Primary General
 Other (specify) OTHER

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2016

FEC Identification Number

C C00461806
Transaction ID : B229DED3FI
Amount of Each Disbursement this Period
100.00

Memo Item ERMK: Beverly Giardino, transmitted by check/EFT

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

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

7600.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Pete Aguilar For Congress

Mailing Address PO Box 10954

City San Bernadino State CA Zip Code 92423

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Aguilar, Peter, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 31

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number

C C00510461
Transaction ID : BB8518F365
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Richmond For Congress

Mailing Address 1631 Elysian Fields Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name
Richmond, Cedric, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: LA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00451336
Transaction ID : B6FBF7B30D
Amount of Each Disbursement this Period
-1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Richmond For Congress

Mailing Address 1631 Elysian Fields Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Richmond, Cedric, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: LA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C C00451336
Transaction ID : B82F9AB96A
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

2500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial) A. Rodney For Congress		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address PO Box 344		FEC Identification Number C00521948 Transaction ID : B3F6A94D4D Amount of Each Disbursement this Period 1000.00
City Taylorville	State IL	Zip Code 62568-0344
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Davis, Rodney, L., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 13	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Rodney For Congress		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address PO Box 344		FEC Identification Number C00521948 Transaction ID : B4EF7687BE Amount of Each Disbursement this Period -1000.00
City Taylorville	State IL	Zip Code 62568-0344
Purpose of Disbursement VOID - Contribution to Federal Candidate		Category/ Type
Candidate Name Davis, Rodney, L., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 13	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Rodney For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 344		FEC Identification Number C00521948 Transaction ID : BE4B9A73A Amount of Each Disbursement this Period 1000.00
City Taylorville	State IL	Zip Code 62568-0344
Purpose of Disbursement Contribution to Federal Candidate		Category/ Type
Candidate Name Davis, Rodney, L., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 13	<input type="checkbox"/> Memo Item

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

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

1000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Mailing Address 141 Shelley Lane

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Roskam, Peter, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: IL District: 06

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number

C C00410969

Transaction ID : B1A3862865E

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHELLI YODER FOR INDIANA

Mailing Address PO BOX 6654

City BLOOMINGTON State IN Zip Code 47407

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Yoder, Shelli, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: IN District: 09

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C C00583427

Transaction ID : BECD8979A2

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SHERIFF SCOTT JONES FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR.
STE 150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Jones, Scott, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00592113

Transaction ID : B12ABD754E

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Stivers, Steve, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OH District: 15

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C C00441352

Transaction ID : BC814617A8I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TEXANS FOR JODEY ARRINGTON

Mailing Address PO BOX 6687

City LUBBOCK State TX Zip Code 79493

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Arrington, Jodey, Cook, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 19

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00588657

Transaction ID : BA135DD1B4

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Tiberi, Pat, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OH District: 12

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number

C C00347492

Transaction ID : B5B98E0859

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. TOGETHER HOLDING OUR MAJORITY

Mailing Address PO BOX 97275

City Raleigh State NC Zip Code 27624-7275

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name
TOGETHER HOLDING OUR MAJORITY

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00571323

Transaction ID : **BE9924CEE9**
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom Macarthur For Congress Inc.

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
MacArthur, Thomas, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00557520

Transaction ID : **B43D4DB68C**
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Walorski, Jackie, Swihart, Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C C00468579

Transaction ID : **BA35A4B1E1**
Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

12000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Yoder For Congress, Inc

Mailing Address PO Box 26742

City
Overland Park

State
KS

Zip Code
66225

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Yoder, Kevin, W., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00472365

Transaction ID : B3414A1CD7

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Zeldin For Congress

Mailing Address 47 Flintlock Drive

City
Shirley

State
NY

Zip Code
11967

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Zeldin, Lee, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C C00552547

Transaction ID : B46E1FD8247

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

7500.00

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

167100.00

