



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

November 27, 1996

Dr. Lewis Earle, Treasurer
American Dental Political Action
Committee
1111 14th Street NW, Suite 1100
Washington, DC 20005

Identification Number: C00000729

Reference: May Monthly (4/1/96-4/30/96), June Monthly (5/1/96-5/31/96), July Monthly (6/1/96-6/30/96), August Monthly (7/1/96-7/31/96) and September Monthly (8/1/96-8/31/96) Reports

Dear Dr. Earle:

This letter is to inform you that as of November 26, 1996, the Commission has not received your response to our requests for additional information dated November 6, 1996. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Richard Ng on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

A handwritten signature in dark ink, appearing to read "John D. Gibson", is written over a horizontal line.

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

NOV 6 1996

Dr. Lewis Earle, Treasurer
American Dental Political Action
Committee
1111 14th Street NW, Suite 1100
Washington, DC 20005

Identification Number: C00000729

Reference: July Monthly Report (6/1/96-6/30/96)

Dear Dr. Earle:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

- The beginning cash balance of this report should equal the ending balance of your June Monthly Report. Please clarify this discrepancy and amend any subsequent report(s) that may be affected by this correction.

- The totals listed on Lines 6(c), 7, 12, 19, 20, 23, 30 and 31, Column B of the Summary and Detailed Summary Pages appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.

- Schedule A of your report (examples enclosed) discloses receipts from state dental associations and societies that are not registered with the Commission. 2 U.S.C. §441b prohibits the receipt of funds from national banks, corporations, and labor organizations. Under 11 CFR §102.6, however, certain entities may serve as collecting agents for the purpose of transmitting contributions to a separate segregated fund. A collecting agent may be, but is not limited to, a committee which is affiliated with the separate segregated fund; the connected organization; or a local, national, or international union.

Funds received from a collecting agent are to be attributed to the original contributors and should be

disclosed according to the requirements of 11 CFR §104.3(a). If the transactions in question were contributed by individuals and transmitted to your committee by a collecting agent, the activity should be included on Line 11(a)(i) or 11(a)(ii) of the Detailed Summary Page. Any contribution from an individual exceeding \$200 in the aggregate during the calendar year should be itemized on a supporting Schedule A. Collecting agents need not be identified on your report.

If the contributions in question were incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Richard Ng
Reports Analyst
Reports Analysis Division

264

Enclosures

SCHEDULE A

ITEMIZED RECEIPTS

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 Political Action Committee

A. Full Name, Mailing Address and Zip Code
Arkansas Dental Association
2501 Crestwood Drive
Suite 205
North Little Rock, AR 72116

Name of Employer

Date (Month
day, Year)

Amount of Each
Receipt this Period

Occupation

06/07/96

125.00

Receipt For: ☐ Primary ☐ General
☐ Other (Specify)

Aggregate Year-to-date > 0 6,835.00

B. Full Name, Mailing Address and Zip Code
Alaska Dental Society
3305 Arctic Blvd.
Suite 102
Anchorage, AK 99503-4975

Name of Employer

Date (Month
day, Year)

Amount of Each
Receipt this Period

Occupation

06/07/96

175.00

Receipt For: ☐ Primary ☐ General
☐ Other (Specify)

Aggregate Year-to-date > 0 550.00

C. Full Name, Mailing Address and Zip Code
Wisconsin Dental Association
111 E. Wisconsin Avenue, #1300
Milwaukee, WI 53202-4811

Name of Employer

Date (Month
day, Year)

Amount of Each
Receipt this Period

Occupation

06/24/96

100.00

Receipt For: ☐ Primary ☐ General
☐ Other (Specify)

Aggregate Year-to-date > 0 7,958.00

D. Full Name, Mailing Address and Zip Code
Wisconsin Dental Association
111 E. Wisconsin Avenue, #1300
Milwaukee, WI 53202-4811

Name of Employer

Date (Month
day, Year)

Amount of Each
Receipt this Period

Occupation

06/24/96

100.00

Receipt For: ☐ Primary ☐ General
☐ Other (Specify)

Aggregate Year-to-date > 0 7,958.00

E. Full Name, Mailing Address and Zip Code
Wisconsin Dental Association
111 E. Wisconsin Avenue, #1300
Milwaukee, WI 53202-4811

Name of Employer

Date (Month
day, Year)

Amount of Each
Receipt this Period

Occupation

06/24/96

100.00

Receipt For: ☐ Primary ☐ General
☐ Other (Specify)

Aggregate Year-to-date > 0 7,958.00

F. Full Name, Mailing Address and Zip Code
Vermont State Dental Society
132 Church Street
Burlington, VT 05401

Name of Employer

Date (Month
day, Year)

Amount of Each
Receipt this Period

Occupation

06/24/96

90.00

Receipt For: ☐ Primary ☐ General
☐ Other (Specify)

Aggregate Year-to-date > 0 1,725.00

G. Full Name, Mailing Address and Zip Code
New Jersey Dental Association
One Dental Plaza
North Brunswick, NJ 08902-4311

Name of Employer

Date (Month
day, Year)

Amount of Each
Receipt this Period

Occupation

06/24/96

100.00

Receipt For: ☐ Primary ☐ General
☐ Other (Specify)

Aggregate Year-to-date > 0 24,013.50

SUB TOTAL of Receipts This Page (Optional) >

790.00

TOTAL this Period (Last page this line number only) >

