FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Dr. Michael Donohoo, Treasurer
American Dental Political Action Committee
1111 14th Street, NW, 11th Floor
Washington, DC 20005

JAN 4 1999

Identification Number: C00000729

Reference: October Monthly Report (9/1/98-9/30/98)

Dear Dr. Donohoo:

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:

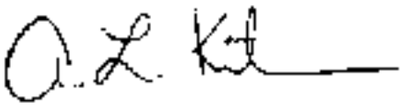
-Your report discloses what appears to be an in-kind contribution made on behalf of ***Greg Ganske,*** a federal candidate (pertinent portion(s) attached). The original payment for the goods and services has been disbursed to the Tarrance Group, Inc., itemized as an operating expenditure and included in the total for Line 21 of the Detailed Summary Page.

If the transaction in question is an in-kind contribution, please note that the amount of such activity should be subtracted from Line 21 and added to Line 23 of the Detailed Summary Page. This method of reporting would clarify for the public record the total amount of contributions to federal candidates (including in-kind contributions) by reflecting them on Line 23 of the Detailed Summary Page. However, if this expenditure is not an in-kind contribution, please clarify the nature of the transaction.

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) 694-1130.

Sincerely,



Antoinette Kitchen
Reports Analyst
Reports Analysis Division

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

SCHEDULE B ITEMIZED DISBURSEMENTS

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 MELLON HARD DOLLAR ACCOUNT , MD	Purpose of Disbursement service charges Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 09/02/98	Amount of Each Disb. this Period 12.00
B. Full Name, Mailing Address and Zip Code THE TARRANCE GROUP, INC. 201 N. Union Street Suite 410 Alexandria, VA 22314	Purpose of Disbursement voter attitude survey-Iowa 4 (Ganske) Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 09/16/98	Amount of Each Disb. this Period 9,995.00
C. Full Name, Mailing Address and Zip Code MELLON HARD DOLLAR ACCOUNT , MD	Purpose of Disbursement service charges-credit cards Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 09/16/98	Amount of Each Disb. this Period 41.75
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) >	10,048.75
TOTAL this Period (Last page this line number only) >	10,048.75