

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 15 1 40 PM '99

July 15, 1999

This letter serves as receipt of the American Dental Political Action Committee's **July 20th Report** (covering the period of **June 1-30, 1999**) by the Federal Election Commission.

Signature

Date & Time



11th Floor

1777 14th Street, N.W.

RECEIVED
FEDERAL ELECTION
COMMISSION
WASHINGTON, D.C. 20543 (202) 698-2424

JUL 15 1 42 PM '99

*American Dental
Political Action Committee*

July 15, 1999

Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

Dear Sir/Madam:

Please find enclosed our Committee's (I.D. #C00000729) **July 20th Report** covering the period of **June 1-30, 1999**. Also, please note that our line 12 amounts are reflective of receipts from various states, which act as our collecting agents for membership contributions. In order to track these receipts on our software, we must post them on line 12 so that the amount will be able to exceed \$200. Although we "treat" the states as individuals for our software purposes, these contributions still fall within FEC guidelines.

Thus, the software automatically produces schedules to justify the amount on line 12. Our Committee understands that these schedules are not necessary and that the amounts can be listed as itemized contributions on line 11a. But for our software purposes and in order to keep generating our reports by computer—it is much simpler to continue reporting in this manner, as long as it is within FEC guidelines. Thank you for your cooperation and assistance.

Sincerely,

Cynthia J. Pickett

Cynthia J. Pickett
Manager, ADPAC

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)
American Dental Political Action Committee

ADDRESS (number and street) Check if different than previously reported
1111 14th Street, NW Suite 1100

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C00000729

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

JUL 15 1 47 PM '99

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>08/01/99</u> through <u>08/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 289,369.15
(b) Cash on Hand at Beginning of Reporting Period	\$ 817,152.52	
(c) Total Receipts (from Line 19)	\$ 43,700.55	\$ 447,059.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 660,853.07	\$ 708,428.05
7. Total Disbursements (from Line 30)	\$ 64,000.00	\$ 199,576.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 608,853.07	\$ 508,853.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9590 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

Type or Print Name of Treasurer
Francis X. McLaughlin, Jr., Assistant Treasurer

Signature of Treasurer: *Francis X. McLaughlin, Jr.* Date: *July 14, 1999*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
American Dental Political Action Committee	06/01/99	06/30/99	
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0.00	0.00	11(a)(i)
ii. Unitemized	0.00	0.00	11(a)(ii)
Total [add i and ii] >	0.00	0.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions [add a iii, b and c] >	0.00	0.00	11(d)
12. Transfers From Affiliated/Other Party Committees	42,215.00	440,126.87	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,485.55	6,943.03	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts [add 11d, 12, 13, 14, 15, 16, 17, and 18] >	43,700.55	447,069.90	19
20. Total Federal Receipts [subtract line 18 from line 19] >	43,700.55	447,069.90	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	386.33	21(b)
c. Total Operating Expenditures [add a i, a ii, and b] >	0.00	386.33	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	54,000.00	184,031.86	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	983.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds [add a, b and c] >	0.00	983.00	28(d)
29. Other Disbursements	0.00	4,175.00	29
30. Total Disbursements [add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29] >	54,000.00	199,675.88	30
31. Total Federal Disbursements [subtract line 21 a ii from line 30] >	54,000.00	199,675.88	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	0.00	0.00	32
33. Total Contribution Refunds (from line 28d)	0.00	983.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	0.00	-983.00	34
35. Total Federal Operating Expenditures [add 21 a i and 21 b] >	0.00	386.33	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures [subtract line 36 from 35] >	0.00	386.33	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 12

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	06/01/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,425.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
17898 SW McEwan Road Portland, 97224-7795	Oregon Dental PAC	06/08/99	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 4,125.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
2033 6th Avenue Suite 335 Seattle, 98121	Washington Dental PAC	06/08/99	26.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 8,140.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1111 E. Tennessee Street Suite 102 Tallahassee, FL 32308-6914	Florida Dental PAC	06/08/99	950.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 12,227.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 276 1010 S. 2nd St. (zip-62704) Springfield, 62706	Illinois Dental PAC	06/08/99	590.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 20,291.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 6906 Richmond, 23230	Virginia Dental PAC	06/08/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 18,200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 6906 Richmond, 23230	Virginia Dental PAC	06/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 15,450.00	

SUBTOTAL of Receipts This Page (optional) **2,340.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7
FOR LINE NUMBER 12

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	Name of Employer Louisiana Dental PAC	Date (month, day, year)	Amount of Each Receipt this Period
7833 Office Park Blvd. Baton Rouge, 70809 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 7,773.00	06/08/99	1,925.00
B. Full Name, Mailing Address and ZIP Code PO Box 3358 Austin, TX 78764 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Texas Dental PAC Occupation Aggregate Year-to-Date > \$ 45,000.00	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 975.00
C. Full Name, Mailing Address and ZIP Code 506 5th Avenue Suite 333 Des Moines, 50308-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Iowa Dental PAC Occupation Aggregate Year-to-Date > \$ 4,880.00	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 25.00
D. Full Name, Mailing Address and ZIP Code 606 5th Avenue Suite 333 Des Moines, 50308-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Iowa Dental PAC Occupation Aggregate Year-to-Date > \$ 4,910.00	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code 606 5th Avenue Suite 333 Des Moines, 50308-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Iowa Dental PAC Occupation Aggregate Year-to-Date > \$ 4,935.00	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and ZIP Code PO Box 120188 Nashville, 37212 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tennessee Dental PAC Occupation Aggregate Year-to-Date > \$ 18,435.00	Date (month, day, year) 06/08/99	Amount of Each Receipt this Period 175.00
G. Full Name, Mailing Address and ZIP Code PO Box 3341 Harrisburg, 17105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pennsylvania Dental PAC Occupation Aggregate Year-to-Date > \$ 8,308.50	Date (month, day, year) 06/19/99	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) **3,275.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)
American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code 502 C Street, N.E. Washington, 20002-6810	Name of Employer District of Columbia Dental PAC Occupation	Date (month, day, year) 08/16/98	Amount of Each Receipt this Period 525.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,200.00		
B. Full Name, Mailing Address and ZIP Code 230 Washington Square, North Suite 208 Lansing, 48933	Name of Employer Michigan Dental PAC Occupation	Date (month, day, year) 08/16/98	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 27,533.75		
C. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC Occupation	Date (month, day, year) 08/16/98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,525.00		
D. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC Occupation	Date (month, day, year) 08/16/98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6,625.00		
E. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC Occupation	Date (month, day, year) 08/16/98	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,575.00		
F. Full Name, Mailing Address and ZIP Code 2501 Crestwood Drive Suite 205 North Little Rock, AR 72116	Name of Employer Arkansas Dental PAC Occupation	Date (month, day, year) 08/16/98	Amount of Each Receipt this Period 2,370.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 7,370.00		
G. Full Name, Mailing Address and ZIP Code 230 Washington Square, North Suite 208 Lansing, 48933	Name of Employer Michigan Dental PAC Occupation	Date (month, day, year) 08/16/98	Amount of Each Receipt this Period 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 27,808.75		

SUBTOTAL of Receipts This Page (optional) **3,495.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER 12

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

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48933</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 27,933.76</p>	<p>Date (month, day, year) 06/15/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>2238 Marshall Avenue St. Paul, 55104</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Minnesota Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 18,826.00</p>	<p>Date (month, day, year) 06/15/98</p>	<p>Amount of Each Receipt this Period 19,525.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>17698 SW McEwan Road Portland, 97224-7798</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Oregon Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 4,228.00</p>	<p>Date (month, day, year) 08/25/98</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>1370 Dublin Road Columbus, 43215</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ohio Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 28,276.00</p>	<p>Date (month, day, year) 06/25/98</p>	<p>Amount of Each Receipt this Period 7,100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>62 Russ Street Hartford, 06105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Connecticut Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 6,450.00</p>	<p>Date (month, day, year) 08/25/98</p>	<p>Amount of Each Receipt this Period 1,300.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 3358 Austin, TX 78764</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Texas Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 46,425.00</p>	<p>Date (month, day, year) 06/25/99</p>	<p>Amount of Each Receipt this Period 425.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 2487 Indianapolis, 46208-2487</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Indiana Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date $\\$ 12,885.00</p>	<p>Date (month, day, year) 06/25/99</p>	<p>Amount of Each Receipt this Period 25.00</p>

SUBTOTAL of Receipts This Page (optional) **28,600.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER 12

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer New Mexico Dental PAC	Date (month, day, year)	Amount of Each Receipt this Period
3736 Eubank, NE Suite 1-A Albuquerque, 87111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 2,400.00	06/25/99	1,026.00
B. Full Name, Mailing Address and ZIP Code 5450 Dobbin Road Columbia, 21045 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Maryland Dental PAC Occupation Aggregate Year-to-Date > \$ 16,959.00	Date (month, day, year) 06/25/99	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code PO Box 3341 Harrisburg, 17105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pennsylvania Dental PAC Occupation Aggregate Year-to-Date > \$ 6,603.50	Date (month, day, year) 08/25/99	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code PO Box 376 1010 S. 2nd St.(zip-62704) Springfield, 62705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Illinois Dental PAC Occupation Aggregate Year-to-Date > \$ 20,386.60	Date (month, day, year) 06/25/99	Amount of Each Receipt this Period 75.00
E. Full Name, Mailing Address and ZIP Code 7833 Office Park Blvd. Baton Rouge, 70809 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Louisiana Dental PAC Occupation Aggregate Year-to-Date > \$ 6,023.00	Date (month, day, year) 06/25/99	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code 2055 6th Avenue Suite 333 Seattle, 98121 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Washington Dental PAC Occupation Aggregate Year-to-Date > \$ 8,240.00	Date (month, day, year) 06/25/99	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code 3120 'O' Street Lincoln, 68510 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nebraska Dental PAC Occupation Aggregate Year-to-Date > \$ 6,675.00	Date (month, day, year) 06/25/99	Amount of Each Receipt this Period 1,100.00

SUBTOTAL of Receipts This Page (optional) **3,350.00**

TOTAL This Period (last page this line number only) **3,350.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code 132 Church Street Burlington, 05401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Vermont Dental PAC Occupation Date (month, day, year) 06/30/98 Amount of Each Receipt this Period 30.00 Aggregate Year-to-Date > \$ 1,740.00
B. Full Name, Mailing Address and ZIP Code 2033 6th Avenue Suite 333 Seattle, 98121 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Washington Dental PAC Occupation Date (month, day, year) 06/30/98 Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date > \$ 8,266.00
C. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Date (month, day, year) 06/30/98 Amount of Each Receipt this Period 100.00 Aggregate Year-to-Date > \$ 6,775.00
D. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Date (month, day, year) 06/30/98 Amount of Each Receipt this Period 100.00 Aggregate Year-to-Date > \$ 6,875.00
E. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Date (month, day, year) 06/30/98 Amount of Each Receipt this Period 100.00 Aggregate Year-to-Date > \$ 5,975.00
F. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Date (month, day, year) 06/30/98 Amount of Each Receipt this Period 100.00 Aggregate Year-to-Date > \$ 6,075.00
G. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC Occupation Date (month, day, year) 06/30/98 Amount of Each Receipt this Period 100.00 Aggregate Year-to-Date > \$ 6,175.00

SUBTOTAL of Receipts This Page (optional)	665.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 7
FOR LINE NUMBER 12

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

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 5,275.00</p>	<p>Date (month, day, year)</p> <p>08/30/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 5,375.00</p>	<p>Date (month, day, year)</p> <p>08/30/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 6,475.00</p>	<p>Date (month, day, year)</p> <p>08/30/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 6,575.00</p>	<p>Date (month, day, year)</p> <p>06/30/99</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 6,675.00</p>	<p>Date (month, day, year)</p> <p>06/30/99</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 6,775.00</p>	<p>Date (month, day, year)</p> <p>05/30/99</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 6</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (first page this line number only) 42,215.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
17	

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Grestar Hard Dollar Acct</p> <p>DC</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 575.56</p>	<p>Date (month, day, year)</p> <p>06/30/99</p>	<p>Amount of Each Receipt this Period</p> <p>94.13</p>
<p>B. Full Name, Mailing Address and ZIP Code Drayfus Hard Dollar Acct</p> <p>NJ</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 5,838.52</p>	<p>Date (month, day, year)</p> <p>06/30/99</p>	<p>Amount of Each Receipt this Period</p> <p>1,280.04</p>
<p>C. Full Name, Mailing Address and ZIP Code Mellon Hard Dollar Acct</p> <p>MD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 725.85</p>	<p>Date (month, day, year)</p> <p>06/30/99</p>	<p>Amount of Each Receipt this Period</p> <p>101.38</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>1,485.56</p>
<p>TOTAL This Period (last page this line number only)</p>			<p>1,485.56</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 23

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mascara for Congress 831 Lincoln Avenue Charleroi, PA 16022	Frank R. Mascara, U.S. HOUSE 20th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/01/99	1,000.00
WEYGAND COMMITTEE PO Box 28406 235 Promenade Street Providence, RI 02908	Robert Weygand, U.S. HOUSE 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/01/99	2,600.00
John Larson for Congress 29 Ruff Circle Glastonbury, CT 06033	John B. Larson, U.S. HOUSE 1st CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/01/99	1,000.00
The Henry J. Hyde for Congress Committee PO Box 332 Des Plaines, IL 60015	Henry J. Hyde, U.S. HOUSE 6th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/02/99	1,000.00
Steve Rothman for Congress PO Box 714 Hackensack, NJ 07602	Steve Rothman, U.S. HOUSE 9th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/99	1,000.00
Ed Bryant for Congress PO Box 1951 Cordova, TN 38018	Ed Bryant, U.S. HOUSE 7th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/99	1,000.00
Tom Reynolds for Congress	Thomas Reynolds, U.S. HOUSE 27th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/99	500.00
Abercrombie for Congress	Neil Abercrombie, U.S. HOUSE 1st HI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/99	1,000.00
Friends of Jeff Sessions Senate Committee 2836 Zelda Road Montgomery, AL 36106	Jeff Sessions, U.S. SENATE AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code Maloney for Congress	Purpose of Disbursement Carolyn B. Maloney, U.S. HOUSE 14th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/08/99	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code The Henry J. Hyde for Congress Committee PO Box 332 Des Plaines, IL 60016	Purpose of Disbursement Henry J. Hyde, U.S. HOUSE 6th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 05/10/99	Amount of Each Disbursement This Period 1,500.00
C. Full Name, Mailing Address and ZIP Code CITIZENS TO ELECT RICK LARSEN PO BOX 328 EVERETT, WA 98206	Purpose of Disbursement LARSEN, U.S. HOUSE 2nd WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/10/99	Amount of Each Disbursement This Period 5,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Rosa DeLauro 49 Huntington Street New Haven, CT 06511	Purpose of Disbursement Rosa DeLauro, U.S. HOUSE 3rd CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/14/99	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Friends of Patrick Kennedy PO Box 1385 Providence, RI 02901	Purpose of Disbursement Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/16/99	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Committee for Gerald C. Jerry Weller IL	Purpose of Disbursement Gerald C. Jerry Weller, U.S. HOUSE 11th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/16/99	Amount of Each Disbursement This Period 2,000.00
G. Full Name, Mailing Address and ZIP Code Committee for Lincoln Diaz-Balart FL	Purpose of Disbursement Lincoln Diaz-Balart, U.S. HOUSE 21st FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/18/99	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Byrum For Congress PO Box 26191 Lansing, MI 48223	Purpose of Disbursement Byrum, U.S. HOUSE 8th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/18/99	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Stabenow for Congress	Purpose of Disbursement Debbie Stabenow, U.S. HOUSE 8th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/18/99	Amount of Each Disbursement This Period 2,000.00

SUBTOTAL of Disbursements This Page (optional)	14,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **3** OF **4**
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23

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gary Miller for Congress PO Box 4682 Diamond Bar, CA 91765	Gary Miller, U.S. HOUSE 41st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/18/99	500.00
B. Full Name, Mailing Address and ZIP Code Linder for Congress PO Box 842880 Atlanta, GA 31141	John Linder, U.S. HOUSE 4th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/22/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Mike Forbes for Congress	Michael P. Forbes, U.S. HOUSE 1st NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/23/99	500.00
D. Full Name, Mailing Address and ZIP Code Vito Fossella for Congress PO Box 090248 New Dorp Station Staten Island, NY 10308	Vito Fossella, U.S. HOUSE 13th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/23/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Committee for William V. Roth DE	William V. Roth, U.S. SENATE DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/23/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Committee for Albert R. Wynn MD	Albert R. Wynn, U.S. HOUSE 4th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/23/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Committee for Kent Conrad ND	Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/23/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Hoosiers for Tim Roemer PO Box 4400 South Bend, IN 46834	Tim Roemer, U.S. HOUSE 3rd IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Schakowsky for Congress	Janice Schakowsky, U.S. HOUSE 9th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/99	500.00

SUBTOTAL of Disbursements This Page (optional)

7,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kind for Congress 606 King Street 010 Le Grasse, WI 54601	Ron King, U.S. HOUSE 3rd WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Committee for Richard H. Baker LA	Purpose of Disbursement Richard H. Baker, U.S. HOUSE 6th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Committee for Jim McGovern MA	Purpose of Disbursement Jim McGovern, U.S. HOUSE 3rd MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/99	1,000.00
D. Full Name, Mailing Address and ZIP Code TEAM Emerson (JoAnn)	Purpose of Disbursement Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/24/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Sweeney for Congress PO Box 4137 Clifton Park, NY 12065	Purpose of Disbursement John Sweeney, U.S. HOUSE 22nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/25/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Connie Moralla 7315 Wisconsin Avenue Suite 450 West Bethesda, MD 20814	Purpose of Disbursement Constance A. Moralla, U.S. HOUSE 8th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/25/99	1,000.00
G. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 Second St., NE Washington, DC 20002	Purpose of Disbursement 1999 Membership Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/28/99	15,000.00
H. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee P.O. Box 421B Dallas, TX 75211	Purpose of Disbursement Martin Frost, U.S. HOUSE 24th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

22,000.00

TOTAL This Period (last page this line number only)

54,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

7-15-99

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other (Specify): Postmarked
and/or Date of Receipt

Electronic Filing

SL
PREPARER

7-15-99
DATE PREPARED