

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00000729
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2011 through 07 31 2011

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

Signature of Treasurer Electronically Filed by Dr Francis Connor Date 08 04 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		264244.39
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	534403.44									
(c) Total Receipts (from Line 19)	27713.97	781710.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	562117.41	1045954.42								
7. Total Disbursements (from Line 31)	107521.45	591358.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	454595.96	454595.96								
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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	1500.00	52173.40
(ii) Unitemized	25491.50	663263.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26991.50	715436.55
(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)	26991.50	715436.55
12. Transfers From Affiliated/Other Party Committees	682.60	64912.28
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	39.87	361.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27713.97	781710.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27713.97	781710.03

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	521.45	2048.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	521.45	2048.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	107000.00	589101.21
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	49.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	49.00
29. Other Disbursements.....	0.00	160.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	107521.45	591358.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107521.45	591358.46

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)	26991.50	715436.55
34. Total Contribution Refunds (from Line 28(d))	0.00	49.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26991.50	715387.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	521.45	2048.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	521.45	2048.25

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

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

FOR LINE NUMBER: PAGE 6 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Daniel Patrick Witkowski

Mailing Address 312 Hoff St

City State Zip Code
Random Lake WI 53075-1778

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2011

Transaction ID: 10123369

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr Loren J Feldner

Mailing Address 13009 S 83rd Ct

City State Zip Code
Palos Park IL 60464-2144

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011

Transaction ID: 10151909

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Ernest B Spira

Mailing Address 95 Masons Island Rd

City State Zip Code
Mystic CT 06355-2949

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011

Transaction ID: 10151922

Amount of Each Receipt this Period
200.00

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 7 / 25	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr Stephen Charles Moran		Date of Receipt	
	Mailing Address 317 W Country Club Road		M M / D D / Y Y Y Y 07 / 15 / 2011	
	City	State	Zip Code	Transaction ID: 10151930
	Roswell	NM	88201-5892	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	500.00
	Name of Employer self-employed		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		dentist		
		Aggregate Year-to-Date ▼	500.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	1500.00

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

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

FOR LINE NUMBER: PAGE 8 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Indiana Dental PAC

Mailing Address PO Box 2467

City State Zip Code
Indianapolis IN 46206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13042.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2011

Transaction ID: 10161489

Amount of Each Receipt this Period
49.00

B. Full Name (Last, First, Middle Initial)
California Dental PAC

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14687.28

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2011

Transaction ID: 10176001

Amount of Each Receipt this Period
633.60

SUBTOTAL of Receipts This Page (optional) ► **682.60**

TOTAL This Period (last page this line number only) ► **682.60**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 25	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Citibank 1		Date of Receipt
Mailing Address 1500 Vermont Ave Nw		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2011
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		Transaction ID: 10181297
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 39.87
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 361.20	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 39.87
TOTAL This Period (last page this line number only)	<input type="text"/> 39.87

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of John Thune	Transaction ID: 10115197 Date of Disbursement 06 / 29 / 2011
	Mailing Address PO Box 841	
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution to Federal Candidate Funds Reported On July 20th Report	011 Category/ Type
	Candidate Name Sen. John R. Thune	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Contribution to Federal Candidate Funds Reported On July 20th Report

B.	Full Name (Last, First, Middle Initial) Friends Of John Thune	Transaction ID: 10115198 Date of Disbursement 07 / 05 / 2011
	Mailing Address PO Box 841	
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution to Federal Candidate Re-designated funds for trans. dated 06/29/2011	011 Category/ Type
	Candidate Name Sen. John R. Thune	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Contribution to Federal Candidate Re-designated funds for trans. dated 06-/29/2011

C.	Full Name (Last, First, Middle Initial) Courtney For Congress	Transaction ID: 10122626 Date of Disbursement 06 / 21 / 2011
	Mailing Address 38 Risley Road	
	City Vernon State CT Zip Code 06066	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution to Federal Candidate Funds Reported On July 20th Report	011 Category/ Type
	Candidate Name Rep. Joseph D. Courtney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Contribution to Federal Candidate Funds Reported On July 20th Report

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

PAGE 11 / 25

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

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

A. Full Name (Last, First, Middle Initial) Courtney For Congress Mailing Address 38 Risley Road City Vernon State CT Zip Code 06066 Purpose of Disbursement Contribution to Federal Candidate Re-designated funds for trans. dated 06/21/2011	Transaction ID: 10122627 Date of Disbursement 07 / 07 / 2011
	Amount of Each Disbursement this Period 2500.00
Candidate Name Rep. Joseph D. Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2012 Convention Elec	Category/ Type 011 [MEMO ITEM] Contribution to Federal Candidate Re-designated funds for trans. dated 06-21/2011

B. Full Name (Last, First, Middle Initial) Guthrie For Congress Mailing Address PO Box 9639 City Bowling Green State KY Zip Code 42102 Purpose of Disbursement Contribution to Federal Candidate	Transaction ID: 10137113 Date of Disbursement 07 / 11 / 2011
	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Brett Guthrie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 Contribution to Federal Candidate

C. Full Name (Last, First, Middle Initial) Tim Bishop For Congress Mailing Address PO Box 437 City Farmingville State NY Zip Code 11738 Purpose of Disbursement Contribution to Federal Candidate	Transaction ID: 10137117 Date of Disbursement 07 / 11 / 2011
	Amount of Each Disbursement this Period 2500.00
Candidate Name Rep. Timothy Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Perlmutter for Congress	Transaction ID: 10137119 Date of Disbursement
	Mailing Address 3440 Youngfield St #264	<input type="text" value="07"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Wheat Ridge State CO Zip Code 80033	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="2500.00"/>
	Candidate Name Edwin Perlmutter	Category/Type <input type="text" value="011"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

B.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: 10144432 Date of Disbursement
	Mailing Address P.O. Box 2232	<input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="1500.00"/>
	Candidate Name Rep. Allyson Y. Schwartz	Category/Type <input type="text" value="011"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

C.	Full Name (Last, First, Middle Initial) COATS PAC	Transaction ID: 10144856 Date of Disbursement
	Mailing Address PO BOX 34303	<input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Indianapolis State IN Zip Code 46234	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate's Leadership PAC	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type <input type="text" value="011"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate's Leadership PAC

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Populist PAC	Transaction ID: 10145041 Date of Disbursement 07 / 12 / 2011
	Mailing Address P.O. Box 30075	Amount of Each Disbursement this Period 2500.00
	City Bethesda State MD Zip Code 20824	
	Purpose of Disbursement Contribution to Federal PAC	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal PAC

B.	Full Name (Last, First, Middle Initial) Carper For Senate	Transaction ID: 10145042 Date of Disbursement 07 / 12 / 2011
	Mailing Address 19 East Commons Blvd Second Floor	Amount of Each Disbursement this Period 2500.00
	City New Castle State DE Zip Code 19720	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Sen. Thomas R. Carper	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

C.	Full Name (Last, First, Middle Initial) House Conservatives Fund	Transaction ID: 10145164 Date of Disbursement 07 / 13 / 2011
	Mailing Address PO Box 2752	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Contribution to Federal Candidate's Leadership PAC	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate's Leadership PAC

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon St City Lewiston State ME Zip Code 04240 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Michael H. Michaud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10145165 Date of Disbursement 07 / 13 / 2011 Amount of Each Disbursement this Period 1500.00 Contribution to Federal Candidate
	Category/ Type 011

B. Full Name (Last, First, Middle Initial) Michael Grimm For Congress Mailing Address 560 9th Street City Brooklyn State NY Zip Code 11215 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Michael G. Grimm Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10145166 Date of Disbursement 07 / 13 / 2011 Amount of Each Disbursement this Period 1500.00 Contribution to Federal Candidate
	Category/ Type 011

C. Full Name (Last, First, Middle Initial) Rogers For Congress Mailing Address PO Box 581 City Brighton State MI Zip Code 48116 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Michael J. Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10149215 Date of Disbursement 07 / 14 / 2011 Amount of Each Disbursement this Period 3500.00 Contribution to Federal Candidate
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Gingrey For Congress</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Phil Gingrey, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10149218 Date of Disbursement: 07 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sen. Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10151941 Date of Disbursement: 07 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Advance Arkansas PAC</p> <p>Mailing Address P.O. Box 344</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution to Federal Candidate's Leadership PAC</p> <p>Candidate Name Advance Arkansas PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10152497 Date of Disbursement: 07 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate's Leadership PAC</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

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

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

A.

Full Name (Last, First, Middle Initial)
Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City State Zip Code
Rockford IL 61126

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Donald A. Manzullo

Office Sought: House
 Senate
 President

State: IL District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 10152498

Date of Disbursement

07 / 18 / 2011

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

B.

Full Name (Last, First, Middle Initial)
Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City State Zip Code
Kansas City MO 64108

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Samuel B. Graves, Jr.

Office Sought: House
 Senate
 President

State: MO District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 10152499

Date of Disbursement

07 / 18 / 2011

Amount of Each Disbursement this Period

3500.00

Contribution to Federal Candidate

C.

Full Name (Last, First, Middle Initial)
Bill Shuster For Congress

Mailing Address PO Box 27

City State Zip Code
Hollidaysburg PA 16648

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. William Franklin Shuster

Office Sought: House
 Senate
 President

State: PA District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 10158381

Date of Disbursement

07 / 20 / 2011

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Walden for Congress	Transaction ID: 10158386 Date of Disbursement 07 / 20 / 2011
	Mailing Address PO Box 1091	Amount of Each Disbursement this Period 2500.00
	City Hood River State OR Zip Code 97031	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Greg Walden	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

B.	Full Name (Last, First, Middle Initial) New Pioneers PAC	Transaction ID: 10158387 Date of Disbursement 07 / 20 / 2011
	Mailing Address PO Box 1091	Amount of Each Disbursement this Period 2500.00
	City hood river State OR Zip Code 97031	
	Purpose of Disbursement Contribution to Federal Candidate's Leadership PAC	011 Category/ Type
	Candidate Name New Pioneers PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate's Leadership PAC

C.	Full Name (Last, First, Middle Initial) Scalise For Congress	Transaction ID: 10158390 Date of Disbursement 07 / 20 / 2011
	Mailing Address PO Box 23219	Amount of Each Disbursement this Period 2500.00
	City Jefferson State LA Zip Code 70183	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Rep. Steve Scalise	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Eye of the Tiger PAC <hr/> Mailing Address 3100 Ridgelake - Suite 301 <hr/> City Metairie State LA Zip Code 70002 <hr/> Purpose of Disbursement Contribution to Federal Candidate's Leadership PAC Candidate Name Eye of the Tiger PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10158393 Date of Disbursement 07 / 20 / 2011 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Contribution to Federal Candidate's Leadership PAC
B.	Full Name (Last, First, Middle Initial) Pallone For Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10158402 Date of Disbursement 07 / 20 / 2011 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Contribution to Federal Candidate
C.	Full Name (Last, First, Middle Initial) IMPACT <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement Contribution to Federal Candidate's Leadership PAC Candidate Name IMPACT <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10172037 Date of Disbursement 07 / 25 / 2011 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Contribution to Federal Candidate's Leadership PAC

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

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

<p>A. Full Name (Last, First, Middle Initial) Kinzinger For Congress</p> <p>Mailing Address PO Box 487</p> <p>City New Lenox State IL Zip Code 60451</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Adam Kinzinger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10172038</p> <p>Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) PETE PAC</p> <p>Mailing Address 7804 Evening Lane</p> <p>City Alexandria State VA Zip Code 22306</p> <p>Purpose of Disbursement Contribution to Federal Candidate's Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10172045</p> <p>Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate's Leadership PAC</p>
<p>C. Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress Cmte.</p> <p>Mailing Address 2559 East 72nd Street</p> <p>City Chicago State IL Zip Code 60649</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Jesse Jackson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10172046</p> <p>Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

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

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

<p>A. Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress Cmte.</p> <p>Mailing Address 2559 East 72nd Street</p> <p>City Chicago State IL Zip Code 60649</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Jesse Jackson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10172047 Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Pastor for Congress</p> <p>Mailing Address 802 North 3rd Avenue</p> <p>City Phoenix State AZ Zip Code 85003</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Ed Pastor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10172054 Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Congressional Black Caucus PAC</p> <p>Mailing Address 509 C St., NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement PAC Sponsorship of 2011 CBC Retreat</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10172055 Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>PAC Sponsorship of 2011 CBC Retreat</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Dave Camp For Congress</p> <p>Mailing Address PO Box 423</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name David Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10172056 Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Latourette For Congress Committee</p> <p>Mailing Address 320 Kenarden Dr.</p> <p>City Highland Hts. State OH Zip Code 44143</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Steven C. LaTourette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10173306 Date of Disbursement 07 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress</p> <p>Mailing Address PO Box 12667</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Kevin McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10174592 Date of Disbursement 07 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Jim Jordan for Congress</p> <p>Mailing Address 1709 State Route 560 S</p> <p>City Urbana State OH Zip Code 43078</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name James Jordan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10174593 Date of Disbursement: 07 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Erik P. Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10174594 Date of Disbursement: 07 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Conaway For Congress</p> <p>Mailing Address PO Box 51272</p> <p>City Midland State TX Zip Code 79710</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Michael K. Conaway</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10174595 Date of Disbursement: 07 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Paul Broun Committee</p> <p>Mailing Address P.O. Box 6337</p> <p>City Athens State GA Zip Code 30604</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Paul C. Broun, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10174596 Date of Disbursement 07 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Jo Bonner For Cong Cmte</p> <p>Mailing Address PO Box 851232</p> <p>City Mobile State AL Zip Code 36685</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Jo Bonner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10174597 Date of Disbursement 07 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress</p> <p>Mailing Address P.O. Box 1441</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10174608 Date of Disbursement 07 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Price For Congress Mailing Address P.O. Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Thomas Edmunds Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10174609 Date of Disbursement 07 / 27 / 2011
	Amount of Each Disbursement this Period 2500.00
	Contribution to Federal Candidate
	Category/Type 011
B. Full Name (Last, First, Middle Initial) 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 Peter Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10174610 Date of Disbursement 07 / 27 / 2011
	Amount of Each Disbursement this Period 2500.00
	Contribution to Federal Candidate
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Ryan For Congress Mailing Address P. O. Box 1919 City Janesville State WI Zip Code 53547 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Paul D. Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10176726 Date of Disbursement 07 / 28 / 2011
	Amount of Each Disbursement this Period 2500.00
	Candidate Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	107000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 25

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

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 10181296

Date of Disbursement

07 / 31 / 2011

Amount of Each Disbursement this Period

521.45

SUBTOTAL of Disbursements This Page (optional)

521.45

TOTAL This Period (last page this line number only)

521.45