



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Dental Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="395213.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="395213.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="311306.09"/>	<input type="text" value="311306.09"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="706519.11"/>	<input type="text" value="706519.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="97009.04"/>	<input type="text" value="97009.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="609510.07"/>	<input type="text" value="609510.07"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Dental Association Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 01 / 31 / 2014

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).....	16713.34	16713.34
(ii) Unitemized .....	283952.42	283952.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	300665.76	300665.76
(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) .....	300665.76	300665.76
12. Transfers From Affiliated/Other Party Committees.....	10616.52	10616.52
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	23.81	23.81
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	311306.09	311306.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	311306.09	311306.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	509.04	509.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	509.04	509.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95500.00	95500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	1000.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	97009.04	97009.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97009.04	97009.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	300665.76	300665.76
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	299665.76	299665.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	509.04	509.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	509.04	509.04

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Dr John M Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Devonshire Dr

City Waterford State CT Zip Code 06385-1702

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 ▼ 250.00

Date of Receipt 01 / 02 / 2014  
**Transaction ID : 12141518**

Amount of Each Receipt this Period 250.00

**B. Dr Michael D Peterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4710 Amber Valley Pkwy

City Fargo State ND Zip Code 58104-8694

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 01 / 02 / 2014  
**Transaction ID : 12141773**

Amount of Each Receipt this Period 500.00

**C. Dr James H Bryniarski**  
Full Name (Last, First, Middle Initial)

Mailing Address 199 Parkview Rd

City Riverside State IL Zip Code 60546-2407

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 ▼ 250.00

Date of Receipt 01 / 10 / 2014  
**Transaction ID : 12159579**

Amount of Each Receipt this Period 250.00

**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 OF 28  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dr Theodore J Borris**

Mailing Address 112 Hatlen Ave

City State Zip Code  
Mount Prospect IL 60056-2826

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2014  
**Transaction ID : 12159582**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr Alison M Fallgatter**

Mailing Address 4636 30th Ave SE

City State Zip Code  
Steele ND 58482-9410

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2014  
**Transaction ID : 12159584**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Dr Dennis D Sommers**

Mailing Address 17 Westfield Cir

City State Zip Code  
Minot ND 58701-3365

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 11 / 2014  
**Transaction ID : 12163954**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 28  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dr Kevin Corry**

Mailing Address 66 Midland Ave

City State Zip Code  
Wyckoff NJ 07481-3344

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 12 / 2014  
**Transaction ID : 12164202**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Dr Craig N Little**

Mailing Address 403 W 4th North Street

City State Zip Code  
Summerville SC

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2014  
**Transaction ID : 12173871**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Dr Chris John Hansen**

Mailing Address 2541 Valley Dr

City State Zip Code  
Manitowoc WI 54220-9329

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

Name of Employer Occupation  
self-employed dentist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2014  
**Transaction ID : 12173873**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 28  
(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. Dr Martin E. Averill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Windsor Dr  
 City Waterloo State IA Zip Code 50701-4161  
 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 ▼ 250.00

Date of Receipt 01 / 13 / 2014  
**Transaction ID : 12173875**  
 Amount of Each Receipt this Period 250.00

**B. Dr Eugene T Giannini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5104 Rockwood Pkwy NW  
 City Washington State DC Zip Code 20016-1916  
 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 01 / 14 / 2014  
**Transaction ID : 12194280**  
 Amount of Each Receipt this Period 500.00

**C. Dr Mark I Kampfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6817 Dunsmore Rd  
 City Rapid City State SD Zip Code 57702-7014  
 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 ▼ 250.00

Date of Receipt 01 / 14 / 2014  
**Transaction ID : 12194282**  
 Amount of Each Receipt this Period 250.00

**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: (check only one)	PAGE 10 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr H Fred Howard**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 E Central Street

City Harlan State KY Zip Code 40831-2303

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 ▼ 1000.00

Date of Receipt 01 / 14 / 2014  
**Transaction ID : 12194284**

Amount of Each Receipt this Period 1000.00

**B. Dr Erin E Elliott**  
Full Name (Last, First, Middle Initial)

Mailing Address 18365 N Circle S Trl

City Rathdrum State ID Zip Code 83858-7116

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 ▼ 250.00

Date of Receipt 01 / 14 / 2014  
**Transaction ID : 12194286**

Amount of Each Receipt this Period 250.00

**C. Dr Lowell Dale Blevins**  
Full Name (Last, First, Middle Initial)

Mailing Address 347 Fairway Dr

City Clarksville State TN Zip Code 37043-4441

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 ▼ 250.00

Date of Receipt 01 / 14 / 2014  
**Transaction ID : 12194288**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 28  
(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. Dr Philip L Nauert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4604 Holt St  
 City State Zip Code  
 Bellaire TX 77401-5809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed dentist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 14 / 2014  
**Transaction ID : 12194327**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr Mark A Vitale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 69 State Route 27  
 City State Zip Code  
 Edison NJ 08820-3983  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed dentist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 14 / 2014  
**Transaction ID : 12194329**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr Kevin A. Miltko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 Benton Ave  
 City State Zip Code  
 Missoula MT 59801-8636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed dentist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 14 / 2014  
**Transaction ID : 12194331**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 12 OF 28  
(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. Dr Kevin W Dens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2220 Norway Pine Rd SW  
 City Brainerd State MN Zip Code 56401-2042  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2014  
**Transaction ID : 12194333**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Charles H Perle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1187 Wyoming Dr  
 City Mountainside State NJ Zip Code 07092-2030  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2014  
**Transaction ID : 12194335**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Patrick V Hagerty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4890 NW Dumbeck Ave  
 City Albany State OR Zip Code 97321-9311  
 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2014  
**Transaction ID : 12194337**  
 Amount of Each Receipt this Period  
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Bradley A Wilbur**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 Bighorn Ridge Ave

City Henderson	State NV	Zip Code 89012-7243
-------------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	14	/	2014

**Transaction ID : 12194525**

Amount of Each Receipt this Period  
1000.00

**B. Dr C Todd Bridges**  
Full Name (Last, First, Middle Initial)

Mailing Address 8217 NW Stonebridge Ct

City Lawton	State OK	Zip Code 73505-4127
----------------	-------------	------------------------

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  

M M	/	D D	/	Y Y Y Y
01	/	14	/	2014

**Transaction ID : 12194527**

Amount of Each Receipt this Period  
500.00

**C. Dr Richard E Vachon**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 Webster St

City Manchester	State NH	Zip Code 03104-2552
--------------------	-------------	------------------------

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  

M M	/	D D	/	Y Y Y Y
01	/	14	/	2014

**Transaction ID : 12194529**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Alan Ainley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Florence St  
 City Paragould State AR Zip Code 72450-5508  
 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 **1000.00**

Date of Receipt **01 / 14 / 2014**  
**Transaction ID : 12194533**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr Jeffrey E Dodge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Payson St  
 City Attleboro State MA Zip Code 02703-1610  
 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 **625.00**

Date of Receipt **01 / 14 / 2014**  
**Transaction ID : 12194548**  
 Amount of Each Receipt this Period **625.00**

**C. Dr Paula Sherman Crum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2456 Ingold Ct  
 City Green Bay State WI Zip Code 54313-5676  
 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 **250.00**

Date of Receipt **01 / 23 / 2014**  
**Transaction ID : 12221590**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1875.00</b>
<b>TOTAL</b> 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 15 OF 28  
(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. Dr Michael I Kokott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5534 Grassland Trl  
 City Middleton State WI Zip Code 53562-5261  
 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 ▼ 505.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014  
**Transaction ID : 12221605**  
 Amount of Each Receipt this Period  
 505.00

**B. Dr Robert M Villwock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 341 Wagon Wheel Ct  
 City Green Bay State WI Zip Code 54302-5165  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014  
**Transaction ID : 12221611**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Nelson P Daly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9036 Norfolk Dr  
 City Baton Rouge State LA Zip Code 70809-6919  
 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  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : 12225391**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1255.00  
**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 16 OF 28  
(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. Dr Charles J Incalcaterra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1250 Wynnewood Dr  
 City Bethlehem State PA Zip Code 18017-3553  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : 12230662**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr William M Hall Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 Wild Oak Dr  
 City Shreveport State LA Zip Code 71106-8227  
 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  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : 12230737**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr William M Hall Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 Wild Oak Dr  
 City Shreveport State LA Zip Code 71106-8227  
 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 ▼ 583.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : 12230817**  
 Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.34  
**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 17 OF 28  
(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. Dr Dan P McCauley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1403 S Florey Ave  
 City State Zip Code  
 Mount Pleasant TX 75455-5813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed dentist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 -500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2014  
**Transaction ID : 12263271**  
 Amount of Each Receipt this Period  
 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$-500.00

**B. Dr William M Hall Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 Wild Oak Dr  
 City State Zip Code  
 Shreveport LA 71106-8227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed dentist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 83.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : 12263272**  
 Amount of Each Receipt this Period  
 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$83.34

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16713.34

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Indiana Dental PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 15 / 2014 <b>Transaction ID : 12194793</b>
Mailing Address PO Box 2467		Amount of Each Receipt this Period 2374.00
City Indianapolis	State IN	Zip Code 46206
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2374.00	

Full Name (Last, First, Middle Initial) <b>B. California Dental PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 15 / 2014 <b>Transaction ID : 12236573</b>
Mailing Address PO Box 13749		Amount of Each Receipt this Period 4625.00
City Sacramento	State CA	Zip Code 95853
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4625.00	

Full Name (Last, First, Middle Initial) <b>C. California Dental PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2014 <b>Transaction ID : 12236575</b>
Mailing Address PO Box 13749		Amount of Each Receipt this Period 3617.52
City Sacramento	State CA	Zip Code 95853
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8242.52	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10616.52
<b>TOTAL</b> This Period (last page this line number only).....▶	10616.52

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. Citibank 1**

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement  
bank fees (inc PayPal fees-\$468.27)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 12236637**

Amount of Each Disbursement this Period

bank fees (inc PayPal fees-\$468.27)

Full Name (Last, First, Middle Initial)

**B. Citibank 1**

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement  
PayPal fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 12236640**

Amount of Each Disbursement this Period

PayPal fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**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**

Full Name (Last, First, Middle Initial)

**A. Dr Brian Babin For Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
**Brian Babin**

Office Sought:  House  
 Senate  
 President  
State: TX District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2014

**Transaction ID : 12148394**

Amount of Each Disbursement this Period

5000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

**B. New Millennium PAC**

Mailing Address PO Box 32248

City Newark State NJ Zip Code 07100206

Purpose of Disbursement  
Void - check not delivered in 2013

Candidate Name  
**New Millennium PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2014

**Transaction ID : 12195611**

Amount of Each Disbursement this Period

-2500.00

Void - check not delivered in 2013

Full Name (Last, First, Middle Initial)

**C. Committee for a Democratic Future**

Mailing Address 7240 Evans Mill Rd

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Void - check lost in mail

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2014

**Transaction ID : 12195612**

Amount of Each Disbursement this Period

-2000.00

Void - check lost in mail

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

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

500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. Berger For Congress**

Mailing Address PO Box 3117

City State Zip Code  
Eden NC 27288

Purpose of Disbursement  
Contributions to Federal Candidates

011

Candidate Name

**Philip Berger Jr**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2014

**Transaction ID : 12216440**

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

**B. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026

City State Zip Code  
Austin TX 78711

Purpose of Disbursement  
Contributions to Federal Candidates

011

Candidate Name

**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2014

**Transaction ID : 12216441**

Amount of Each Disbursement this Period

3500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

**C. Frelinghuysen For Congress**

Mailing Address 19 Cattano Avenue

City State Zip Code  
Morristown NJ 07960

Purpose of Disbursement  
Contributions to Federal Candidates

011

Candidate Name

**Rep. Rodney P. Frelinghuysen**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2014

**Transaction ID : 12216442**

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

**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**

Full Name (Last, First, Middle Initial)

**A. Donna Mercado Kim For Congress**

Mailing Address PO Box 2493

City Honolulu State HI Zip Code 96804

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
**Donna Kim**

Office Sought:  House  
 Senate  
 President  
State: HI District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 / 22 / 2014

**Transaction ID : 12216447**

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

**B. Richard E. Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
**Richard Neal**

Office Sought:  House  
 Senate  
 President  
State: MA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 / 22 / 2014

**Transaction ID : 12216448**

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

**C. Kristi For Congress**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
**Rep. Kristi Lynn Noem**

Office Sought:  House  
 Senate  
 President  
State: SD District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 / 22 / 2014

**Transaction ID : 12216449**

Amount of Each Disbursement this Period

500.00

Contributions to Federal Candidates

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

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

3500.00



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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Mailing Address 425 Second St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contributions to National Party Committees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

**Transaction ID : 12229641**

Amount of Each Disbursement this Period

15000.00

Contributions to National Party Committees

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contributions to National Party Committees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

**Transaction ID : 12229642**

Amount of Each Disbursement this Period

15000.00

Contributions to National Party Committees

Full Name (Last, First, Middle Initial)

**C. Valadao For Congress**

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**David Valadao**

Office Sought:  House  Senate  President

State: CA District: 21

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

**Transaction ID : 12229643**

Amount of Each Disbursement this Period

3000.00

Contributions to Federal Candidates

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

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

33000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. We the People PAC**

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
Contributions to Federal PACS

011

Candidate Name

**We the People PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

Transaction ID : 12229644

Amount of Each Disbursement this Period

2000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

**B. Lindsey Graham for U.S. Senate**

Mailing Address PO Box 1155

City State Zip Code  
Seneca SC 29679

Purpose of Disbursement  
Contributions to Federal Candidates

011

Candidate Name

**Sen. Lindsey Graham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

Transaction ID : 12229645

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City State Zip Code  
Bowling Green KY 42102

Purpose of Disbursement  
Contributions to Federal Candidates

011

Candidate Name

**Rep. S. Brett Guthrie**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

Transaction ID : 12229646

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

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

5000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Heartland Values PAC**

Mailing Address PO Box 505

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
Contributions to Federal PACS

011

Candidate Name

**Heartland Values PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

**Transaction ID : 12229648**

Amount of Each Disbursement this Period

1500.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

**B. Majority Committee PAC**

Mailing Address P.O. BOX 10134

City State Zip Code  
Bakersfield CA 93389

Purpose of Disbursement  
Contributions to Federal PACS

011

Candidate Name

**Majority Committee PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

**Transaction ID : 12229649**

Amount of Each Disbursement this Period

5000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

6500.00

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

95500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Dr Dan P McCauley**

Mailing Address 1403 S Florey Ave

City Mount Pleasant State TX Zip Code 75455-5813

Purpose of Disbursement  
Refunds of Contributions from Individuals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 1222233**

Amount of Each Disbursement this Period

Refunds of Contributions from Individuals

Full Name (Last, First, Middle Initial)

**B. Dr William M Hall Jr**

Mailing Address 313 Wild Oak Dr

City Shreveport State LA Zip Code 71106-8227

Purpose of Disbursement  
refund-member chose another method of payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 12234584**

Amount of Each Disbursement this Period

refund-member chose another method of payment

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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