PAGE 1/9 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Dental Association Political Action Committee 1111 14th Street, NW ADDRESS (number and street) **Suite 1100** (Check if address is changed) Washington 20005-5627 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS taylorc@ada.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.ada.org (Check if address is changed) DATE 2020 C00000729 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Di Vincenzo, Giorgio, T., Dr., Type or Print Name of Treasurer Di Vincenzo, Giorgio, T., Dr., [Electronically Filed] 01 29 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC For	<b>n 1</b> (Revised 02/2009)	Page <b>2</b>
TYPE OF CO	DMMITTEE  Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliatio	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee:  (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political Ad	etion Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions.	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
` ' L	committees/organizations, none of which is an authorized committee of a federal candidate.	
Comr	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

	•		
	FEC Form 1 (Rev		Page <b>3</b>
	rite or Type Committee		
-	American De	ental Association Political Action Committee	
6.	Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
In	diana Dental PA	<b>C</b>	
	Mailing Address	PO Box 2467	
	J		
		Indianapolis IN 46206-2467	.  -
		CITY STATE ZI	P CODE
	Relationship: Con	nected Organization 🗶 Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
	Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person in posse	ssion of committee
	'	or, Cynthia, J., Mrs.,	
	Full Name	1111 14th St NW	
	Mailing Address	Ste 1100	
		Washington , DC , 20005-562	7
	Title or Position	CITY STATE ZI	P CODE
	Custodian of Records		9 5172
3.		ne and address (phone number optional) of the treasurer of the committee; and the name e.g., assistant treasurer).	and address of
	Full Name Di Vi	ncenzo, Giorgio, T., Dr.,	
	Mailing Address	312 Academy St	
		Jersey City NJ 07306-4441	
	Title or Position	CITY STATE ZIE	CODE
	Treasurer	Telephone number   201   225	2  -  8668

_		
Full Name of Designated Agent	Taylor, Cynthia, J., Mrs.,	
Mailing Address	1111 14th St NW	
3	Ste 1100	
	Washington DC 20005-3	5627
	CITY STATE	ZIP CODE
Title or Position Designated Age	ent Telephone number 202 –	789   -   5172
Banks or Other safety deposit be	<b>r Depositories:</b> List all banks or other depositories in which the committee deposits funds, holdoxes or maintains funds.	ds accounts, rents
Name of Bank, I	Depository, etc.	
Name of Bank,	Depository, etc.	
	Citibank	
Name of Bank, I	Citibank	
	Citibank  1101 Pennsylvania Avenue, NW	
	Citibank  1101 Pennsylvania Avenue, NW  11th Floor	ZIP CODE
	Citibank  1101 Pennsylvania Avenue, NW  11th Floor  Washington  CITY  STATE	ZIP CODE
Mailing Address	Citibank  1101 Pennsylvania Avenue, NW  11th Floor  Washington  CITY  STATE	ZIP CODE
Mailing Address  Name of Bank, I	Citibank  1101 Pennsylvania Avenue, NW  11th Floor  Washington  CITY  STATE  Depository, etc.	ZIP CODE
Mailing Address	Citibank  1101 Pennsylvania Avenue, NW  11th Floor  Washington  CITY  STATE  Depository, etc.	ZIP CODE
Mailing Address  Name of Bank, I	Citibank  1101 Pennsylvania Avenue, NW  11th Floor  Washington  CITY  STATE  Depository, etc.	ZIP CODE
Mailing Address  Name of Bank, I	Citibank  1101 Pennsylvania Avenue, NW  11th Floor  Washington  CITY  STATE  Depository, etc.	ZIP CODE

## : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

Our Form 1 is being amended to reflect our treasurer change from Dr. Bradley W. Barnes to Dr. Giorgio T. Di Vincenzo.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (	(h). <b>Joint Fundraisin</b>	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
-				
6. <b>N</b>		Organization, Affiliated Committee, Joint Fundral	ising Representative	e, or Leadership PAC Sponsor
	American Dental A	Association		
		1111 14th St NW		
	Mailing Address	Ste 1100		
			D0	00005 5007
		Washington	DC	20005-5627
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8. <b>D</b>		by name, address (phone number - optional)		
8. <b>D</b>	Full Name	by name, address (phone number – optional)		
8. D		by name, address (phone number – optional)		
- 8. <b>D</b>	Full Name	by name, address (phone number – optional)		
— 8. <b>D</b>	Full Name	by name, address (phone number – optional)		
<b>–</b> 8. <b>D</b>	Full Name	CITY	STATE A	ZIP CODE A
8. <b>D</b>	Full Name   _   _   _    Mailing Address	CITY A	STATE A	
9. <b>B</b> s.	Full Name      Mailing Address  TITLE OR POSITION	CITY A  Tele  Ties: List all banks or other depositories in which the	ephone Number	ZIP CODE A
9. <b>B</b> s.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor afety deposit boxes or mailane of Bank, Depository, etc.	CITY A  Tele  Ties: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	North Carolina De	ntal PAC		
	Marifica Addison	1600 Evans Road		ı
	Mailing Address			
		Cont	NC	27512 2700
	Dalatianahin	Cary	NC NC	27513-2790 
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8. 9.	Full Name   _   _	CITY   CITY   Te	STATE   STATE   Ilephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION   Banks or Other Depositor	CITY   CITY   Tes: List all banks or other depositories in which intains funds.	STATE   STATE   Ilephone Number	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	ZIP CODE   ZIP CODE   S funds, holds accounts, rents
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	ZIP CODE   ZIP CODE   S funds, holds accounts, rents
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	ZIP CODE   ZIP CODE   S funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spon
Ohio Dental PAC			
Mailing Address	1370 Dublin Road		
	Columbus	OH	43215-1049
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	d Organization X Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
New Jersey Dent	Organization, Affiliated Committee, Joint Fundal PAC	draising Representative	e, or Leadership PAC Spon
Mailing Address	One Dental Plaza		
· ·	PO Box 6020		
	North Brunswick	NJ L	08902-4313
Relationship:	OIT) (	STATE ▲	ZIP CODE ▲
Connecte	d Organization ★ Affiliated Committee Joi  y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization X Affiliated Committee Joi		Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization X Affiliated Committee Joi		Leadership PAC Sp
esignated Agent: Identif	d Organization X Affiliated Committee Joi		Leadership PAC Sp
esignated Agent: Identif	d Organization X Affiliated Committee Joi  y by name, address (phone number – optional)	nt Fundraising Representa	
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	d Organization Affiliated Committee Joi  y by name, address (phone number – optional)  CITY	nt Fundraising Representa	
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee  Joi  y by name, address (phone number – optional)  CITY   CITY    City    Tries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing ame of Bank, epository, etc.	Affiliated Committee  Joi  y by name, address (phone number – optional)  CITY   CITY    City    Tries: List all banks or other depositories in which	STATE A	ZIP CODE A