

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Dental Association Political Action Committee

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2014 through 05 / 31 / 2014

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 Douglas Hadnot

Signature of Treasurer Dr Douglas Hadnot [Electronically Filed] Date 06 / 13 / 2014

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

**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"/>	<input type="text" value="395213.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="611819.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="73648.72"/>	<input type="text" value="737873.92"/>
(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="685468.19"/>	<input type="text" value="1133086.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="109224.14"/>	<input type="text" value="556842.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="576244.05"/>	<input type="text" value="576244.05"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

American Dental Association Political Action Committee

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

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).....	32246.51	75587.87
(ii) Unitemized	17922.20	552809.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50168.71	628397.10
(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)	50168.71	628397.10
12. Transfers From Affiliated/Other Party Committees.....	23452.85	109337.40
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.).....	27.16	139.42
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))..... ▶	73648.72	737873.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	73648.72	737873.92

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	724.14	1992.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	724.14	1992.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	150000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	108500.00	402600.00
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	0.00	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)).....	0.00	1000.00
29. Other Disbursements	0.00	1250.00
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)) ..	109224.14	556842.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109224.14	556842.89

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)	50168.71	628397.10
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50168.71	627397.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	724.14	1992.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	724.14	1992.89

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

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

FOR LINE NUMBER: PAGE 6 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Dr Carolyn B Walker

Mailing Address 8407 Grapevine Pass

City State Zip Code
 San Antonio TX 78255-2263

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 ▼
 420.00

Date of Receipt
 05 / 01 / 2014
Transaction ID : 12420944

Amount of Each Receipt this Period
 84.00

Full Name (Last, First, Middle Initial)
B. Dr James Benjamin Lowe

Mailing Address 2726 W Wilshire Blvd

City State Zip Code
 Oklahoma City OK 73116-4015

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
 05 / 01 / 2014
Transaction ID : 12424572

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Mrs. Linda Lowe

Mailing Address 2821 NW 58th Street

City State Zip Code
 Oklahoma City OK 73112-7002

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

Name of Employer Occupation
 self-employed homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 01 / 2014
Transaction ID : 12424575

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1584.00

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 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 L Stephen Ortego
Full Name (Last, First, Middle Initial)

Mailing Address 3935 Monroe Hwy

City State Zip Code
Ball LA 71405-3930

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 ▼
375.00

Date of Receipt
05 / 03 / 2014
Transaction ID : 12425275

Amount of Each Receipt this Period
187.50

B. Dr Thomas E Lenhart II
Full Name (Last, First, Middle Initial)

Mailing Address 4695 Chabot Dr Ste 200

City State Zip Code
Pleasanton CA 94588-2756

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
05 / 04 / 2014
Transaction ID : 12425282

Amount of Each Receipt this Period
250.00

C. Ms. Lisa A Heinrich-Null
Full Name (Last, First, Middle Initial)

Mailing Address 801 Champions Row

City State Zip Code
Victoria TX 77904-3317

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 ▼
208.35

Date of Receipt
05 / 05 / 2014
Transaction ID : 12428790

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	479.17
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 52
(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 M Killian

Mailing Address 8 Windcastle Pl

City State Zip Code
 Saint Charles MO 63304-0456

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
 05 / 08 / 2014
Transaction ID : 12447036

Amount of Each Receipt this Period
 125.00

Full Name (Last, First, Middle Initial)
B. Dr Craig S Hollander

Mailing Address 1911 Kings Row Mnr

City State Zip Code
 Saint Louis MO 63146-6026

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
 05 / 09 / 2014
Transaction ID : 12453369

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Michael J Hoffmann

Mailing Address 600 N Taylor Ave

City State Zip Code
 Kirkwood MO 63122-2942

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
 05 / 09 / 2014
Transaction ID : 12453370

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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 52
(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 Timothy R Fagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3313 Willow Lake Ln
 City State Zip Code
 Enid OK 73703-1468
 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
 05 / 14 / 2014
Transaction ID : 12457729
 Amount of Each Receipt this Period
 1000.00

B. Dr Edward Feinberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E Hartsdale Ave #7B
 City State Zip Code
 Hartsdale NY 10530-3207
 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
 05 / 15 / 2014
Transaction ID : 12458285
 Amount of Each Receipt this Period
 250.00

C. Dr Michael D Eggnatz
 Full Name (Last, First, Middle Initial)
 Mailing Address 10860 Santa Fe Dr
 City State Zip Code
 Hollywood FL 33026-4958
 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
 05 / 15 / 2014
Transaction ID : 12459401
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ► 1750.00
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 52
	<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 Idalia Lastra
Full Name (Last, First, Middle Initial)
Mailing Address 2001 SW 4th Ave

City Miami	State FL	Zip Code 33129-1302
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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
05		15		2014

Transaction ID : 12459403

Amount of Each Receipt this Period
500.00

B. Dr Bruce R Hutchison
Full Name (Last, First, Middle Initial)
Mailing Address 15010 Starry Night Ln

City Centreville	State VA	Zip Code 20120-1247
---------------------	-------------	------------------------

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
05		19		2014

Transaction ID : 12467887

Amount of Each Receipt this Period
1000.00

C. Dr Kenneth McDougall
Full Name (Last, First, Middle Initial)
Mailing Address 1605 9th Ave SE

City Jamestown	State ND	Zip Code 58401-6451
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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
05		19		2014

Transaction ID : 12467889

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 52
(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 James Adam Moreau Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Fontainbleau Dr
 City Mandeville State LA Zip Code 70471-6433
 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
 05 / 19 / 2014
Transaction ID : 12467891
 Amount of Each Receipt this Period
 250.00

B. Dr David G Logan
 Full Name (Last, First, Middle Initial)
 Mailing Address 4220 Lake Shore Dr
 City Juneau State AK Zip Code 99801-8620
 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
 05 / 19 / 2014
Transaction ID : 12467893
 Amount of Each Receipt this Period
 250.00

C. Dr Mark Andrew Schlothauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1270 Sage Street
 City Gering State NE Zip Code 69341-3228
 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
 05 / 19 / 2014
Transaction ID : 12467895
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 52
(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 Dennis A Zabelsky

Mailing Address 3731 Sunset Dr

City State Zip Code
 Munhall PA 15120-3039

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
 05 / 19 / 2014
Transaction ID : 12467897

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Dr Jean L Creasey

Mailing Address 10882 Hidden Lake Ct

City State Zip Code
 Nevada City CA 95959-8224

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
 05 / 19 / 2014
Transaction ID : 12467899

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Dr Dwyte E Brooks Sr

Mailing Address 6125 Laredo St

City State Zip Code
 Las Vegas NV 89146-5246

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
 05 / 19 / 2014
Transaction ID : 12467901

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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 Jack C Kulm
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Oakmont Rd
 City Jerome State ID Zip Code 83338-6480
 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 **375.00**

Date of Receipt
 05 / 19 / 2014
Transaction ID : 12467903
 Amount of Each Receipt this Period
375.00

B. Dr Dennis J Zent
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 N Bay View Rd
 City Angola State IN Zip Code 46703-9014
 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 **750.00**

Date of Receipt
 05 / 19 / 2014
Transaction ID : 12467905
 Amount of Each Receipt this Period
750.00

C. Dr James D Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 2875 Middlefield Road
 City Palo Alto State CA Zip Code 94306-2554
 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
 05 / 19 / 2014
Transaction ID : 12467907
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1625.00
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 14 OF 52
	<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 Michael D Medovic
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Clearview Ave
 City Wheeling State WV Zip Code 26003-6728
 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 **05 / 19 / 2014**
Transaction ID : 12467909
 Amount of Each Receipt this Period **250.00**

B. Dr Marilyn Vigil Ketcham
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 300691
 City Denver State CO Zip Code 80203-0691
 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 **05 / 19 / 2014**
Transaction ID : 12467911
 Amount of Each Receipt this Period **250.00**

C. Dr Richard B Kahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Hardenburg Ln
 City East Brunswick State NJ Zip Code 08816-2455
 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 **05 / 19 / 2014**
Transaction ID : 12467916
 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: PAGE 15 OF 52
(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 Thomas K Buttler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2920 Ballybunion Way
 City Raleigh State NC Zip Code 27613-5402
 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
 05 / 19 / 2014
Transaction ID : 12467920
 Amount of Each Receipt this Period
 1000.00

B. Dr Thomas W Gamba
 Full Name (Last, First, Middle Initial)
 Mailing Address 2519 S 20th St
 City Philadelphia State PA Zip Code 19145-4204
 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
 05 / 19 / 2014
Transaction ID : 12467931
 Amount of Each Receipt this Period
 250.00

C. Dr Lindsay Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2913 S Quaker Ave
 City Tulsa State OK Zip Code 74114-5309
 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
 05 / 19 / 2014
Transaction ID : 12467934
 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 16 OF 52
(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 Matthew Cohlmia

Mailing Address 6120 N Drexel Blvd.

City State Zip Code
Oklahoma City OK 73112-4229

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
 05 / 19 / 2014
Transaction ID : 12467936

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr Lindsey Anne Robinson

Mailing Address 10384 Alta St

City State Zip Code
Grass Valley CA 95945-6129

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
 05 / 19 / 2014
Transaction ID : 12467938

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Dr Frank Walter Krause

Mailing Address 20 Pittsfield St

City State Zip Code
Cranford NJ 07016-1865

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
 05 / 19 / 2014
Transaction ID : 12467940

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 17 OF 52
(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 Stanley David Halpern
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 Perrington Pointe
 City State Zip Code
 Marietta GA 30066-8708
 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
 05 / 19 / 2014
Transaction ID : 12467942
 Amount of Each Receipt this Period
 250.00

B. Dr Henry B. Howard Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3460 Kingsboro Rd NE Apt 447
 City State Zip Code
 Atlanta GA 30326-3304
 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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 12467944
 Amount of Each Receipt this Period
 375.00

C. Dr Michael Parry Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 1859 Loma Linda St
 City State Zip Code
 Sarasota FL 34239-2206
 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
 05 / 19 / 2014
Transaction ID : 12467946
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
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 18 OF 52
	<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	

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 Raymond Mason Maddox
 Full Name (Last, First, Middle Initial)
 Mailing Address 5817 N Cedar Springs Rd
 City Muncie State IN Zip Code 47304-5867
 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 **05 / 19 / 2014**
Transaction ID : 12467948
 Amount of Each Receipt this Period **500.00**

B. Dr William Stuart Dexter
 Full Name (Last, First, Middle Initial)
 Mailing Address 4913 W 66th Ter
 City Prairie Village State KS Zip Code 66208-1460
 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 **05 / 19 / 2014**
Transaction ID : 12467953
 Amount of Each Receipt this Period **1000.00**

C. Dr Alan Rothstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 E Craig St
 City Basking Ridge State NJ Zip Code 07920-1137
 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 **05 / 19 / 2014**
Transaction ID : 12467955
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 19 OF 52
	<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	

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 F Reese Harrison
Full Name (Last, First, Middle Initial)
Mailing Address 1808 Connecticut Ave
City Lynn Haven State FL Zip Code 32444-4152
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 **05 / 19 / 2014**
Transaction ID : 12467958
Amount of Each Receipt this Period **1000.00**

B. Dr Steven Michael Bruce
Full Name (Last, First, Middle Initial)
Mailing Address 9600 W Pebble Brook Ln
City Boise State ID Zip Code 83714-1764
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 **05 / 19 / 2014**
Transaction ID : 12467960
Amount of Each Receipt this Period **500.00**

C. Dr T Carroll Player Jr
Full Name (Last, First, Middle Initial)
Mailing Address 420 Rosewood Dr
City Florence State SC Zip Code 29501-5454
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 **05 / 19 / 2014**
Transaction ID : 12467962
Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
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 20 OF 52
	<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 Norman Samuel Chun
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 246

City Kailua State HI Zip Code 96734-0246

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 ▼ 1500.00

Date of Receipt 05 / 19 / 2014
Transaction ID : 12467966

Amount of Each Receipt this Period 1500.00

B. Dr Ali Behnia
Full Name (Last, First, Middle Initial)

Mailing Address 10308 Potomac Corner Dr

City Rockville State MD Zip Code 20850-3949

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 05 / 19 / 2014
Transaction ID : 12467968

Amount of Each Receipt this Period 1000.00

C. Mr. Carmelo Cinqueonce
Full Name (Last, First, Middle Initial)

Mailing Address 1335 Industrial Blvd.

City Minneapolis State MN Zip Code 55413-4578

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

Name of Employer Minnesota Dental Assoc Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2014
Transaction ID : 12467970

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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 21 OF 52
	<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 Robert M Peskin
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 Berry Hill Rd
 Suite 225
 City Syosset State NY Zip Code 11791-1103
 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 M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 12467972
 Amount of Each Receipt this Period
 250.00

B. Dr Ricardo C Kimbers
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Bellchase Ct
 City Baltimore State MD Zip Code 21208-1300
 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 M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 12467978
 Amount of Each Receipt this Period
 250.00

C. Dr David B Becker
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Ferry Ln Unit 7
 City Marblehead State MA Zip Code 01945-3281
 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 M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 12467982
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 22 OF 52
(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 Robert W Emery

Mailing Address 2311 M St., NW

City Washington State DC Zip Code 20037-1445

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 **05 / 19 / 2014**

Transaction ID : 12467986

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
B. Dr Raymond A Flagiello

Mailing Address 198 Douglas Rd

City Staten Island State NY Zip Code 10304-1524

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 **05 / 20 / 2014**

Transaction ID : 12468003

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
C. Dr Robin Maianh Nguyen

Mailing Address 1453 Parilla Cir

City New Port Richey State FL Zip Code 34655-7055

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 **05 / 20 / 2014**

Transaction ID : 12468008

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 23 OF 52
(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 W Andrew Trout
 Full Name (Last, First, Middle Initial)
 Mailing Address 3815 Beck Road
 City Saint Joseph State MO Zip Code 64506-4944
 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
 05 / 24 / 2014
Transaction ID : 12483186
 Amount of Each Receipt this Period
125.00

B. Dr Dustin M Smolenski
 Full Name (Last, First, Middle Initial)
 Mailing Address 5633 Quercus Ln
 City Davenport State IA Zip Code 52806-1837
 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
 05 / 23 / 2014
Transaction ID : 12483303
 Amount of Each Receipt this Period
1000.00

C. Dr Steven C Fuller
 Full Name (Last, First, Middle Initial)
 Mailing Address 9045 NE 64th St
 City Bondurant State IA Zip Code 50035-1176
 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
 05 / 23 / 2014
Transaction ID : 12483304
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1375.00**
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 24 OF 52
	<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	

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 Clayton C Shunk
Full Name (Last, First, Middle Initial)

Mailing Address 2170 W 14th St

City Sault Sainte Marie State MI Zip Code 49783-9401

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 05 / 23 / 2014
Transaction ID : 12483387

Amount of Each Receipt this Period 250.00

B. Dr Monty Dwight Bechtold
Full Name (Last, First, Middle Initial)

Mailing Address 210 Neltom Dr

City Pierre State SD Zip Code 57501-4807

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 05 / 23 / 2014
Transaction ID : 12483388

Amount of Each Receipt this Period 500.00

C. Dr D Scott Aldinger
Full Name (Last, First, Middle Initial)

Mailing Address 8555 Interchange Road

City Lehighton State PA Zip Code 18235-5611

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 05 / 23 / 2014
Transaction ID : 12483389

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 25 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Howard J Warner
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Carol Ct # 2
 City State Zip Code
 Endwell NY 13760-1574
 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 / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : 12483390
 Amount of Each Receipt this Period
 250.00

B. Dr R Glenn Rosivack
 Full Name (Last, First, Middle Initial)
 Mailing Address 1067 Ledgewood Rd
 City State Zip Code
 Mountainside NJ 07092-2113
 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
 05 / 23 / 2014
Transaction ID : 12483391
 Amount of Each Receipt this Period
 500.00

C. Dr Ross P Karlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 747 McCoy Rd
 City State Zip Code
 Franklin Lakes NJ 07417-1224
 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
 05 / 23 / 2014
Transaction ID : 12483392
 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 26 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Daniel D Saucy
Full Name (Last, First, Middle Initial)

Mailing Address 465 Myers St S

City Salem State OR Zip Code 97302-4329

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 05 / 23 / 2014
Transaction ID : 12483403

Amount of Each Receipt this Period 1000.00

B. Mr. Jon Holtzee
Full Name (Last, First, Middle Initial)

Mailing Address 211 East Chicago Avenue

City Chicago State IL Zip Code 60611-2637

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

Name of Employer American Dental Association Occupation Director, State Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2014
Transaction ID : 12483404

Amount of Each Receipt this Period 250.00

C. Dr Kerry Kaysserian
Full Name (Last, First, Middle Initial)

Mailing Address 4391 Silver Valley Ln

City Traverse City State MI Zip Code 49684-8796

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 05 / 23 / 2014
Transaction ID : 12483405

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 27 OF 52
	<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	

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 A Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 2144 Mangrove Dr

City Lexington State KY Zip Code 40513-0911

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 05 / 23 / 2014
Transaction ID : 12483406

Amount of Each Receipt this Period 250.00

B. Dr Daniel R Hobbs
Full Name (Last, First, Middle Initial)

Mailing Address 3619 Liberty Road

City Greensboro State NC Zip Code 27406-6104

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 05 / 23 / 2014
Transaction ID : 12483411

Amount of Each Receipt this Period 250.00

C. Dr Steven Glen Mohorn
Full Name (Last, First, Middle Initial)

Mailing Address 1602 Benjamin Pkwy Ste A

City Greensboro State NC Zip Code 27408-2016

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 05 / 23 / 2014
Transaction ID : 12483412

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 28 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Brad C Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 Pisgah Drive
 City Canton State NC Zip Code 28716-4858
 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
 05 / 23 / 2014
Transaction ID : 12483413
 Amount of Each Receipt this Period
250.00

B. Dr Bryan T Persinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 13316 Broadwell Ct
 City Huntersville State NC Zip Code 28078-5749
 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
 05 / 23 / 2014
Transaction ID : 12483414
 Amount of Each Receipt this Period
250.00

C. Dr Christopher N Reese
 Full Name (Last, First, Middle Initial)
 Mailing Address 2726 Charleston Ct
 City Claremont State NC Zip Code 28610-8658
 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
 05 / 23 / 2014
Transaction ID : 12483446
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **750.00**
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 29 OF 52
	<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

Full Name (Last, First, Middle Initial) A. Dr Robert Stowe		Date of Receipt 05 / 23 / 2014 Transaction ID : 12483447
Mailing Address 218 Cedar Trl		Amount of Each Receipt this Period 250.00
City Winston Salem	State NC	Zip Code 27104-5013
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Gary R Sugg		Date of Receipt 05 / 23 / 2014 Transaction ID : 12483448
Mailing Address 4525 Park Road		Amount of Each Receipt this Period 250.00
City Charlotte	State NC	Zip Code 28209-3704
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr William M Hall Jr		Date of Receipt 05 / 28 / 2014 Transaction ID : 12483549
Mailing Address 313 Wild Oak Dr		Amount of Each Receipt this Period 83.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional).....▶	583.34
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 30 OF 52
(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"/> 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. Full Name (Last, First, Middle Initial)
Dr W. Brian Powley

Mailing Address 11640 N Tatum Blvd Unit 1081

City Phoenix	State AZ	Zip Code 85028-1683
-----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2014

Transaction ID : 12483550

Amount of Each Receipt this Period
100.00

B. 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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	32246.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 OF 52
(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. Indiana Dental PAC

Mailing Address **PO Box 2467**

City **Indianapolis** State **IN** Zip Code **46206**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10724.00**

Date of Receipt
05 / 23 / 2014

Transaction ID : 12483306

Amount of Each Receipt this Period
650.00

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

Mailing Address **One Dental Plaza
PO Box 6020**

City **North Brunswick** State **NJ** Zip Code **08902**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1618.00**

Date of Receipt
05 / 23 / 2014

Transaction ID : 12483378

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
c. North Carolina Dental PAC

Mailing Address **1600 Evans Road**

City **Cary** State **NC** Zip Code **27513**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **71050.00**

Date of Receipt
05 / 23 / 2014

Transaction ID : 12483407

Amount of Each Receipt this Period
21850.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **22650.00**

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 32 OF 52
<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) A. California Dental PAC		Date of Receipt MM / DD / YYYY 05 / 21 / 2014 Transaction ID : 12515118
Mailing Address PO Box 13749		Amount of Each Receipt this Period 769.52
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 ▼ 14945.40	

Full Name (Last, First, Middle Initial) B. California Dental PAC		Date of Receipt MM / DD / YYYY 05 / 07 / 2014 Transaction ID : 12515119
Mailing Address PO Box 13749		Amount of Each Receipt this Period 33.33
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 ▼ 14175.88	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
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 ▼	

SUBTOTAL of Receipts This Page (optional).....▶	802.85
TOTAL This Period (last page this line number only).....▶	23452.85

**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
service charges (inc PayPal fees-\$698.18)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : 12515125

Amount of Each Disbursement this Period

<input type="text" value="719.51"/>

service charges (inc PayPal fees-\$698.18)

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
service charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : 12515126

Amount of Each Disbursement this Period

<input type="text" value="4.63"/>

service charges

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

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

<input type="text"/>

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

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

<input type="text" value="724.14"/>

<input type="text" value="724.14"/>

**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. Friends Of John Barrow

Mailing Address PO Box 1001

City State Zip Code
Augusta GA 30903

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Barrow

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: GA District: 12

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : 12424921

Amount of Each Disbursement this Period

1500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Beatty For Congress

Mailing Address PO Box 172

City State Zip Code
Columbus OH 43216

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Ms. Joyce Beatty

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OH District: 03

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : 12424923

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Andre Carson For Congress

Mailing Address P.O. Box 1863

City State Zip Code
Indianapolis IN 46206

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Andre Carson

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IN District: 07

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : 12424925

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

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

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

4500.00

**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. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Mr. Earl Carter

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : 12424928

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Bill Cassidy For Us Senate

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Mr. William Cassidy

Category/
Type

Office Sought: House
 Senate
 President
State: LA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : 12424929

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Walter Jones for Congress Committee

Mailing Address PO Box 99667

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Walter Jones

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : 12424931

Amount of Each Disbursement this Period

1500.00

Contributions to Federal Candidates

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

6500.00

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. Friends Of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Mr. John Kingston

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

Transaction ID : 12424933

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Lobiondo For Congress

Mailing Address P. O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Frank A. LoBiondo

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

Transaction ID : 12424935

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Todd Young

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

Transaction ID : 12424941

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Contributions to Federal Candidates

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

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

9	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

9	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Greg Walden

Office Sought: House
 Senate
 President

State: OR District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : 12424942

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Void - check not delivered in time

Candidate Name

Heartland Values PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

Transaction ID : 12431548

Amount of Each Disbursement this Period

-1500.00

Void - check not delivered in time

Full Name (Last, First, Middle Initial)

C. Pete Aguilar For Congress

Mailing Address PO Box 10954

City San Bernadino State CA Zip Code 92423

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Mr. Pete Aguilar

Office Sought: House
 Senate
 President

State: CA District: 31

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : 12434296

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

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

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

1500.00

--

**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. Nutmeg PAC

Mailing Address 777 Summer Street

City State Zip Code
Stamford CT 06901

Purpose of Disbursement
Contributions to Federal PACS

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : 12434638

Amount of Each Disbursement this Period

1000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

B. Friends Of Elizabeth Esty

Mailing Address PO Box 61

City State Zip Code
Cheshire CT 06410

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Rep. Elizabeth Esty

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : 12434820

Amount of Each Disbursement this Period

1500.00

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

M M M / D D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : 12434821

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

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

3500.00

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. Strategy PAC

Mailing Address 219 East Washington Avenue, Suite

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement
Contributions to Federal PACS

011

Candidate Name

Strategy PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 12434822

Amount of Each Disbursement this Period

1000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address 400 N Capitol Street., NW
Ste 585

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contributions to Federal PACS

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 12434823

Amount of Each Disbursement this Period

2500.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

C. Committee For Mitch McConnell

Mailing Address 361-A Russell Senate Office Buildi

City Washington State DC Zip Code 20510

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 12434824

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

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

4500.00

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. Pat Murphy For Iowa

Mailing Address PO Box 692

City State Zip Code
Dubuque IA 52004

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Mr. Patrick Murphy

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 12434825

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Tallatchee Creek PAC

Mailing Address PO Box 29576

City State Zip Code
Washington DC 20017

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 12434826

Amount of Each Disbursement this Period

2500.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

C. PETE PAC

Mailing Address 7804 Evening Lane

City State Zip Code
Alexandria VA 22306

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 12434827

Amount of Each Disbursement this Period

2500.00

Contributions to Federal PACS

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

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

7000.00

**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. Sawtooth PAC

Mailing Address 7849 Middy Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Contributions to Federal PACS

011

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 12434828

Amount of Each Disbursement this Period

5000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

B. Norma Torres For Congress

Mailing Address 728 W Edna Place

City Covina State CA Zip Code 91722

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Ms. Norma Torres

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 35

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 12434829

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Walters For Congress

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Ms. Mimi Walters

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : 12434830

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

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

Full Name (Last, First, Middle Initial)

A. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
Void - check held for more than 90 days

Candidate Name
Rep. Ben Ray Lujan Jr.

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NM District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

Transaction ID : 12453352

Amount of Each Disbursement this Period

-	1	5	0	0	.	0	0
---	---	---	---	---	---	---	---

Void - check held for more than 90 days

Full Name (Last, First, Middle Initial)

B. Friends Of Susan Brooks

Mailing Address 9425 N Meridian Street # 237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Void - check held for over 90 days

Candidate Name
Ms. Susan Brooks

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

Transaction ID : 12453353

Amount of Each Disbursement this Period

-	1	0	0	0	.	0	0
---	---	---	---	---	---	---	---

Void - check held for over 90 days

Full Name (Last, First, Middle Initial)

C. Jeff Fortenberry For United States Congress

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jeff Fortenberry

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NE District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	4

Transaction ID : 12454067

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Contributions to Federal Candidates

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

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

-	1	5	0	0	.	0	0
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-	1	5	0	0	.	0	0
---	---	---	---	---	---	---	---

**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. Capito For West Virginia

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Ms. Shelley Capito

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: WV District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 12454068

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Adrian Smith for Congress

Mailing Address 3321 Avenue 1
Ste 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Adrian Smith

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NE District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 12454069

Amount of Each Disbursement this Period

1500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Lee Terry

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NE District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 12454070

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

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

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

5000.00

**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. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Charlie W. Dent

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : 12454271

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Gregg Harper For Congress

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Gregg Harper

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MS District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : 12454272

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jeb Hensarling

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : 12454273

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

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

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

5500.00

**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. Kansans For Huelskamp

Mailing Address PO Box 410

City State Zip Code
Fowler KS 67844

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Rep. Tim Huelskamp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : 12454277

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City State Zip Code
La Crosse WI 54601

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : 12454278

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Free State PAC

Mailing Address PO Box 2712

City State Zip Code
Topeka KS 66601

Purpose of Disbursement
Contributions to Federal PACS

011

Candidate Name

Free State PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : 12454279

Amount of Each Disbursement this Period

2000.00

Contributions to Federal PACS

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

4000.00

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. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Hal Dallas Rogers

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: KY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Transaction ID : 12454280

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Chris Gibson For Congress

Mailing Address PO Box 255

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Chris Gibson

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Transaction ID : 12455181

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Speak Up America PAC

Mailing Address PO Box 2145

City West Columbus State SC Zip Code 29171

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name
Speak Up America PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : 12466181

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Contributions to Federal PACS

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

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**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. Bilirakis for Congress

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Void - check lost and found later

011

Category/
Type

Candidate Name
Gus Bilirakis

Office Sought: House
 Senate
 President
State: FL District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : 12482288

Amount of Each Disbursement this Period

-1000.00

Void - check lost and found later

Full Name (Last, First, Middle Initial)

B. Braley for Congress

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Bruce Braley

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : 12483144

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. LEGPAC

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions to Federal PACS

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : 12483145

Amount of Each Disbursement this Period

2500.00

Contributions to Federal PACS

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

4000.00

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. Friends Of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Mr. John Kingston

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District:

Runoff2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	4

Transaction ID : 12483147

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Moolenaar For Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Mr. John Moolenaar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	4

Transaction ID : 12483148

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Jim Tracy For Congress

Mailing Address PO Box 332490

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Mr. Jim Tracy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	4

Transaction ID : 12483149

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contributions to Federal Candidates

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Amodei For Nevada

Mailing Address 503 N Division St

City Carson City State NV Zip Code 89703

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Mr. Mark Amodei

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 12484483

Amount of Each Disbursement this Period

500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. John A. Boehner

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 12484484

Amount of Each Disbursement this Period

5000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Freedom Project

Mailing Address 424 C Street, NE
Basement Unit

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name

Freedom Project

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 12484485

Amount of Each Disbursement this Period

5000.00

Contributions to Federal PACS

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

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

10500.00

**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. Graves For Congress

Mailing Address PO Box 335

City Calhoun State GA Zip Code 30703

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Tom Graves

Office Sought: House
 Senate
 President
State: GA District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 12484486

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Building a Majority PAC

Mailing Address

City State Zip Code

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name

Building a Majority PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 12484487

Amount of Each Disbursement this Period

3500.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

C. Mullin For Congress

Mailing Address PO Box 2156

City Claremore State OK Zip Code 74018

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Markwayne Mullin

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 12484502

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

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

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

6500.00

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**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. Pascrell for Congress

Mailing Address PO Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

William Pascrell

Office Sought: House
 Senate
 President
State: NJ District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 12484503

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. SHORE PAC

Mailing Address PO Box 3157
495 Broadway

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name

SHORE PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 12484504

Amount of Each Disbursement this Period

5000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Mr. Jason Smith

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 12484507

Amount of Each Disbursement this Period

2000.00

Contributions to Federal Candidates

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

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

9500.00

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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : 12484508

Amount of Each Disbursement this Period

1500.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address PO Box 50

City State Zip Code
Ballwin MO 63022

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Ms. Ann Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : 12484509

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

4000.00

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

108500.00
