

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Dental Association Independent Expenditures Committee

ADDRESS (number and street) 1111 14th Street, NW
 (Check if address is changed) Suite 1100
Washington DC 20005-5627
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) krejcis@ada.org
Optional Second E-Mail Address federalcompliance@nossaman.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) www.ada.org

2. DATE 08 / 31 / 2010

3. FEC IDENTIFICATION NUMBER C C00488338

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Fair, Julian, H, Dr., III

Signature of Treasurer Fair, Julian, H, Dr., III [Electronically Filed] Date 11 / 03 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

American Dental Association Independent Expenditures Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Dental Association

Mailing Address

1111 14th St NW

Ste 1100

Washington

DC

20005-5627

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Krejci, Sarah, , Ms.,

Mailing Address

1111 14th St NW

Ste 1100

Washington

DC

20005-5627

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

202

898

2403

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Fair, Julian, H, Dr., III

Mailing Address

PO Box 800

Wagener

SC

29164-0800

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

803

564

3463

Full Name of Designated Agent: Krejci, Sarah, , Ms.,
Mailing Address: 1111 14th St NW, Ste 1100, Washington, DC 20005-5627
Title or Position: Designated Agent, Telephone number: 202-898-2403

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Citibank IE

Mailing Address: 1101 Pennsylvania Avenue, NW, Washington, DC 20005

Name of Bank, Depository, etc.

Mailing Address: [Empty fields for address, city, state, and zip code]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N
Transaction ID :

Our Form 1 is being amended to reflect our treasurer change from Dr. Giorgio T. Di Vincenzo to Dr. Julian Hal Fair.

Form/Schedule:
Transaction ID: