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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Dental Association Political Action Committee 1111 14th Street, NW ADDRESS (number and street) **Suite 1100** (Check if address is changed) Washington 20005-5627 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS krejcis@ada.org (Check if address is changed) Optional Second E-Mail Address federalcompliance@nossaman.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.ada.org (Check if address is changed) DATE 2021 C00000729 FEC IDENTIFICATION NUMBER 3. X 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. Fair, Julian, H, Dr., III Type or Print Name of Treasurer Fair, Julian, H, Dr., III [Electronically Filed] 03 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
	COMMITTEE 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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		(Democratic,
(d)		Republican, etc.) Party.
Political A	action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.		
4		

	_		
l	FEC Form 1 (Rev	rised 02/2009)	Page 3
V	Vrite or Type Committee		<u> </u>
/	American De	ental Association Political Action Committee	
6.	Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
lr	ndiana Dental PA	C	
Π			
	Mailing Address	PO Box 2467	
	3		
		Indianapolis IN 46206-246	7
		CITY STATE Z	IP CODE
	Relationship: Conr	nected Organization 🗶 Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
	Custodian of Records books and records.	:: Identify by name, address (phone number optional) and position of the person in poss	ession of committee
		ci, Sarah, , Ms.,	
	Full Name		
	Mailing Address	1111 14th St NW	
		Ste 1100	
		Washington DC 20005-562	27
	Title or Position	CITY STATE Z	IP CODE
	Custodian of Records		98 2403
3.		ne and address (phone number optional) of the treasurer of the committee; and the name.g., assistant treasurer).	e and address of
	Full Name Fair, of Treasurer	Julian, H, Dr., III	
	Mailing Address	PO Box 800	
		Wagener	0 –
	Title or Position	CITY STATE Z	IP CODE
	Treasurer		3463

Full Name of Designated Agent	Krejci, Sarah, , Ms.,	
Mailing Address	1111 14th St NW	
	Ste 1100	
	Washington DC 20005-56	527
	CITY STATE Z	ZIP CODE
Title or Position Designated Age	ent 8 Telephone number 202 8	98
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, holds	accounts, rents
safety deposit bo Name of Bank, [Depository, etc.	
	oxes or maintains funds.	
	Depository, etc. Citibank 1101 Pennsylvania Avenue, NW	
Name of Bank, [Depository, etc. Citibank 1101 Pennsylvania Avenue, NW	
Name of Bank, [Depository, etc. Citibank 1101 Pennsylvania Avenue, NW	
Name of Bank, C	Depository, etc. Citibank 1101 Pennsylvania Avenue, NW 11th Floor Washington DC 20004	ZIP CODE
Name of Bank, [Depository, etc. Citibank 1101 Pennsylvania Avenue, NW 11th Floor Washington CITY STATE	
Name of Bank, C	Depository, etc. Citibank 1101 Pennsylvania Avenue, NW 11th Floor Washington CITY STATE	
Name of Bank, C	Depository, etc. Citibank 1101 Pennsylvania Avenue, NW 11th Floor Washington CITY STATE	
Name of Bank, C	Depository, etc. Citibank 1101 Pennsylvania Avenue, NW 11th Floor Washington CITY STATE Depository, etc.	
Name of Bank, E	Depository, etc. Citibank 1101 Pennsylvania Avenue, NW 11th Floor Washington CITY STATE Depository, etc.	
Name of Bank, E	Depository, etc. Citibank 1101 Pennsylvania Avenue, NW 11th Floor Washington CITY STATE Depository, etc.	

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

Form/Schedule: F1N Transaction ID:

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

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
American Dental	Organization, Affiliated Committee, Joint Funds	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	1111 14th St NW		
·	Ste 1100		
	Washington	DC	20005-5627
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jof fy by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

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5(q)	or(h). Joint Fundraisi n	ng Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	North Carolina De	ental PAC		
		1000 F		
	Mailing Address	1600 Evans Road		
		Cary	NC NC	27513-2790
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Join	t Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
	= " N			
	Full Name			
	Mailing Address			
	Mailing Address	CITY	STATE A	ZIP CODE A
		•	STATE A	ZIP CODE A
	Mailing Address	•		ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito	Tories: List all banks or other depositories in which	elephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or maintain the safety deposit boxes or m	Tories: List all banks or other depositories in which	elephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito	Tories: List all banks or other depositories in which	elephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank,	Tories: List all banks or other depositories in which	elephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	Tories: List all banks or other depositories in which	elephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	Tories: List all banks or other depositories in which	elephone Number	

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

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

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

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(g) or ((h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
. N	lame of Any Connected (New Jersey Denta	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	New Jersey Derita			
	Mailing Address	One Dental Plaza		
		PO Box 6020		
		North Brunswick	NJ NJ	08902-4313
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponso
-				
. D	esignated Agent: Identify Full Name	by name, address (phone number – optional)		
_ . D		by name, address (phone number – optional)		
_ . D	Full Name	by name, address (phone number – optional)		
_ . D	Full Name	by name, address (phone number – optional)		
_ . D	Full Name	CITY A	STATE A	ZIP CODE A
. D	Full Name	CITY		
 . B sa	Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositorial deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	STATE A	ZIP CODE A
 . B sa	Full Name Mailing Address TITLE OR POSITION Janks or Other Depositoriafety deposit boxes or mai	CITY A Tel ies: List all banks or other depositories in which t	STATE A	ZIP CODE A
 . B sa	Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositorial deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	STATE A	ZIP CODE A
 . B sa	Full Name Mailing Address TITLE OR POSITION Canks or Other Depositorical deposit boxes or main lame of Bank, depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	STATE A	ZIP CODE A
 . B sa	Full Name Mailing Address TITLE OR POSITION Canks or Other Depositorical deposit boxes or main lame of Bank, depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	STATE A	ZIP CODE A