FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Dr. John Reitz, Treasurer
American Dental Political Action
Committee
1111 14th Street, NW, 11th Floor
Washington, DC 20005

OCT 18 2000

Identification Number: C00000729

Reference: August Monthly Report (7/1/00-7/31/00)

Dear Dr. Reitz:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of $5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of $5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Scott Walker
Reports Analyst
Report Analysis Division

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

NAME OF COMMITTEE (in Full)
American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
TEAM Emerson(JoAnn) PO Box 022 Cape Girardeau, MO 63701	Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/20/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton PO Box 795 Mount Holly, NJ 08060-9943	Purpose of Disbursement H. James Saxton, U.S. HOUSE 3rd NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Pryce for Congress 340 E. Gay Street Columbus, OH 43215	Purpose of Disbursement Deborah Pryce, U.S. HOUSE 15th OH Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Jim Davis for Congress 209 Blanca Avenue Tampa, FL 33606	Purpose of Disbursement Jim Davis, U.S. HOUSE 11th FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Committee for Dave Camp 5915 Eastman Avenue Suite 100 Midland, MI 48640	Purpose of Disbursement Dave Camp, U.S. HOUSE 4th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Committee for Ron Lewis PO Box 307 Elizabethtown, KY 42702	Purpose of Disbursement Ron Lewis, U.S. HOUSE 2nd KY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/25/00	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton PO Box 795 Mount Holly, NJ 08060-9843	Purpose of Disbursement H. James Saxton, U.S. HOUSE 3rd NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/28/00	Amount of Each Disbursement This Period 4,500.00
H. Full Name, Mailing Address and ZIP Code Franks for Congress Comm. 219 South Street Suite 203 New Providence, NJ 07974	Purpose of Disbursement Bob Franks, U.S. HOUSE 7th NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 07/28/00	Amount of Each Disbursement This Period 5,000.00
I. Full Name, Mailing Address and ZIP Code Lazio for Congress 72 East Main Street Suite 4 Babylon, NY 11702	Purpose of Disbursement Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/28/00	Amount of Each Disbursement This Period 1,000.00
SUBTOTAL of Disbursements This Page (optional)			15,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER

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)
New Jersey Dental Federal PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton 100 High Street Mount Holly, NJ 08060	contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	12/2/99	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
		SUBTOTAL of Disbursements This Page (optional)	1000.00
		TOTAL This Period (last page this line number only)	1000.00

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

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NAME OF COMMITTEE (In Full)

New Jersey Dental Federal PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Franks for Congress 2333 Morris Avenue, Suite B8 Union, NJ 07083	contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/15/99	2000.00
B. Full Name, Mailing Address and ZIP Code Pallone for Congress 504 Broadway Long Branch, 07740	Purpose of Disbursement contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 11/15/99	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Rothman for Congress 25 Main Street, Court Plaza Hackensack, NJ 07601	Purpose of Disbursement contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 11/15/99	Amount of Each Disbursement This Period 1000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	3500.00

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