

**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 CITY STATE ZIP CODE

C C00000729

3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 09 / 01 / 2013 through 09 / 30 / 2013

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 Charles McGinty

Signature of Treasurer Dr Charles McGinty [Electronically Filed] Date 10 / 22 / 2013

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

Office Use Only table with 8 columns and 1 row, and FEC FORM 3X Rev. 12/2004

**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="2013"/>	<input type="text"/>	<input type="text" value="113669.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="371031.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="48732.14"/>	<input type="text" value="839413.51"/>
(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="419763.73"/>	<input type="text" value="953083.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="61293.98"/>	<input type="text" value="594613.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="358469.75"/>	<input type="text" value="358469.75"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	41524.00	147274.00
(ii) Unitemized	6640.70	617781.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48164.70	765055.70
(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)	48164.70	765055.70
12. Transfers From Affiliated/Other Party Committees.....	549.92	64186.54
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	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	17.52	171.27
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))..... ▶	48732.14	839413.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	48732.14	839413.51

DETAILED SUMMARY PAGE
of Disbursements

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	1543.98	5064.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1543.98	5064.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59000.00	583000.00
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	750.00	2050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	750.00	2150.00
29. Other Disbursements	0.00	4399.31
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)) ..	61293.98	594613.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61293.98	594613.58

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)	48164.70	765055.70
34. Total Contribution Refunds (from Line 28(d))	750.00	2150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47414.70	762905.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1543.98	5064.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1543.98	5064.27

**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 6 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 Lee P Oneacre
 Full Name (Last, First, Middle Initial)
 Mailing Address 6806 Lakehurst Ave
 City Dallas State TX Zip Code 75230-5208
 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
 09 / 03 / 2013
Transaction ID : 11862654
 Amount of Each Receipt this Period
 1000.00

B. Dr William E Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1883 Fort Harrods Dr
 City Lexington State KY Zip Code 40503-5406
 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
 09 / 04 / 2013
Transaction ID : 11863137
 Amount of Each Receipt this Period
 500.00

C. Dr Richard C Black
 Full Name (Last, First, Middle Initial)
 Mailing Address 144 Camino Barranca
 City El Paso State TX Zip Code 79912-3434
 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
 09 / 04 / 2013
Transaction ID : 11863139
 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 7 OF 54
(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 Harry William Killian
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 Macarthur Street
 City State Zip Code
 Asheboro NC 27203-5410
 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
 09 / 04 / 2013
Transaction ID : 11863147
 Amount of Each Receipt this Period
 500.00

B. Dr Donald Frank Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1690 Redbourne Dr
 City State Zip Code
 Atlanta GA 30350-5639
 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
 09 / 04 / 2013
Transaction ID : 11864376
 Amount of Each Receipt this Period
 375.00

C. Dr Robert G Sherman
 Full Name (Last, First, Middle Initial)
 Mailing Address 995 Kaakaaniu St
 City State Zip Code
 Honolulu HI 96825-1340
 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
 09 / 05 / 2013
Transaction ID : 11868008
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00
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 8 OF 54
	<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 Calvin Lloyd Jr		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 Transaction ID : 11868025
Mailing Address PO Box 319		Amount of Each Receipt this Period 250.00
City Fort Defiance	State AZ	Zip Code 86504-0319
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 James A Shupe Jr		Date of Receipt MM / DD / YYYY 09 / 13 / 2013 Transaction ID : 11894000
Mailing Address 6309 Cherry Hill Pkwy		Amount of Each Receipt this Period 250.00
City Fort Wayne	State IN	Zip Code 46835-9635
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 Robert E Butler		Date of Receipt MM / DD / YYYY 09 / 16 / 2013 Transaction ID : 11900704
Mailing Address 10014 Canterbury Farms Ct		Amount of Each Receipt this Period 250.00
City Saint Louis	State MO	Zip Code 63128-3278
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	

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 9 OF 54
	<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 Thomas W Leslie
Full Name (Last, First, Middle Initial)

Mailing Address 4759 Cold Run Valley Rd

City Berkeley Springs State WV Zip Code 25411-4634

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 09 / 20 / 2013
Transaction ID : 11908690

Amount of Each Receipt this Period 1000.00

B. Dr Merle A Nunemaker
Full Name (Last, First, Middle Initial)

Mailing Address 2504 SW Winteroak Cir

City Lees Summit State MO Zip Code 64081-2578

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 09 / 20 / 2013
Transaction ID : 11908699

Amount of Each Receipt this Period 500.00

C. Dr Robert G Fox
Full Name (Last, First, Middle Initial)

Mailing Address 2451 Brookwood Dr

City Cape Girardeau State MO Zip Code 63701-2416

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 09 / 20 / 2013
Transaction ID : 11908702

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 10 OF 54
	<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 John Hugh Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address 431 W Church Street
City Lexington State TN Zip Code 38351-2017
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 **09 / 20 / 2013**
Transaction ID : 11908708
Amount of Each Receipt this Period **500.00**

B. Dr Mark R Zust
Full Name (Last, First, Middle Initial)
Mailing Address 14005 Eagle Manor Ct
City Chesterfield State MO Zip Code 63017-2686
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 **1599.00**

Date of Receipt **09 / 20 / 2013**
Transaction ID : 11908710
Amount of Each Receipt this Period **1599.00**

C. Dr Paul Edward Cullum
Full Name (Last, First, Middle Initial)
Mailing Address 104 Wellesley Pl
City Columbia State TN Zip Code 38401-5704
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 **09 / 21 / 2013**
Transaction ID : 11908722
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3099.00**
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 54
(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 J Christopher Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1903 Woodside Cir
 City Charleston State WV Zip Code 25314-2255
 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
 09 / 21 / 2013
Transaction ID : 11908724
 Amount of Each Receipt this Period
 250.00

B. Dr David Miskel Eller
 Full Name (Last, First, Middle Initial)
 Mailing Address 5187 US Route 60
 City Huntington State WV Zip Code 25705-2076
 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 Y Y
 09 / 21 / 2013
Transaction ID : 11908726
 Amount of Each Receipt this Period
 500.00

C. Dr Joseph E Sokolowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 1821 Greenbough Ct
 City Saint Louis State MO Zip Code 63146-6001
 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
 09 / 21 / 2013
Transaction ID : 11908728
 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: (check only one)	PAGE 12 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. Dr Dennis R Price		Date of Receipt 09 / 21 / 2013 Transaction ID : 11908730
Mailing Address 158 Arrowhead Rd		Amount of Each Receipt this Period 500.00
City Louisville	State KY	Zip Code 40207-1534
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Walter D Fain		Date of Receipt 09 / 21 / 2013 Transaction ID : 11908732
Mailing Address 3225 Bunker Hill Dr		Amount of Each Receipt this Period 500.00
City Knoxville	State TN	Zip Code 37920-3708
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Lori W Roseman		Date of Receipt 09 / 21 / 2013 Transaction ID : 11908734
Mailing Address 12380 Federal Dr		Amount of Each Receipt this Period 250.00
City Saint Louis	State MO	Zip Code 63131-3836
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	

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: (check only one)	PAGE 13 OF 54
	<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 W Ken Rich
Full Name (Last, First, Middle Initial)

Mailing Address 130 Ridgelea Dr

City Williamstown State KY Zip Code 41097-9437

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
09 / 21 / 2013
Transaction ID : 11908742

Amount of Each Receipt this Period
500.00

B. Dr Charles B Felts III
Full Name (Last, First, Middle Initial)

Mailing Address 1041 River Hills Cir

City Chattanooga State TN Zip Code 37415-5611

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 ▼ 500.00

Date of Receipt
09 / 21 / 2013
Transaction ID : 11908744

Amount of Each Receipt this Period
500.00

C. Dr Lynne E Barbour
Full Name (Last, First, Middle Initial)

Mailing Address 288 E Thompson St

City Kahoka State MO Zip Code 63445-1762

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
09 / 21 / 2013
Transaction ID : 11908748

Amount of Each Receipt this Period
1000.00

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 14 OF 54
	<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 William J Moorhead
Full Name (Last, First, Middle Initial)
Mailing Address 414 Elizaville Ave
City Flemingsburg State KY Zip Code 41041-1142
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 **09 / 21 / 2013**
Transaction ID : 11908751
Amount of Each Receipt this Period **500.00**

B. Dr Mary H Burke
Full Name (Last, First, Middle Initial)
Mailing Address 918 Woodleigh Ct
City Saint Louis State MO Zip Code 63122-4805
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 **09 / 21 / 2013**
Transaction ID : 11908753
Amount of Each Receipt this Period **500.00**

C. Dr Thomas S Underwood
Full Name (Last, First, Middle Initial)
Mailing Address 9003 W Cambridge Ct
City Brentwood State TN Zip Code 37027-8506
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 **09 / 21 / 2013**
Transaction ID : 11908755
Amount of Each Receipt this Period **250.00**

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 15 OF 54
(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 David Morgan Malin

Mailing Address 626 Patriot Ln

City State Zip Code
 Franklin TN 37067-5772

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
 09 / 21 / 2013
Transaction ID : 11908759

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. James G Avery

Mailing Address 456 W Riveredge Dr

City State Zip Code
 Cordova TN 38018-7613

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
 09 / 21 / 2013
Transaction ID : 11908762

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Dr Morris L Robbins Jr

Mailing Address 585 S Greer St Unit 303

City State Zip Code
 Memphis TN 38111-3206

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
 09 / 21 / 2013
Transaction ID : 11908766

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: (check only one)	PAGE 16 OF 54
	<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 Kevin Patrick Bryant
Full Name (Last, First, Middle Initial)

Mailing Address 8 Balfour Ct

City Signal Mountain State TN Zip Code 37377-2321

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
09 / 21 / 2013
Transaction ID : 11908770

Amount of Each Receipt this Period
500.00

B. Dr K Jean Beauchamp
Full Name (Last, First, Middle Initial)

Mailing Address 2737 Woods Rd

City Springfield State TN Zip Code 37172-5641

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
09 / 21 / 2013
Transaction ID : 11908773

Amount of Each Receipt this Period
500.00

C. Dr Olin A Elliott II
Full Name (Last, First, Middle Initial)

Mailing Address 3727 Abbott Creek Rd

City Prestonsburg State KY Zip Code 41653-8938

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
09 / 21 / 2013
Transaction ID : 11908776

Amount of Each Receipt this Period
500.00

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 17 OF 54
(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 David Eugene Mc Neely Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1834 Greenbriar Cir
 City Elizabethton State TN Zip Code 37643-3938
 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
 09 / 21 / 2013
Transaction ID : 11908780
 Amount of Each Receipt this Period
 250.00

B. Dr Barry D Curry
 Full Name (Last, First, Middle Initial)
 Mailing Address 4630 Crescent Hill Dr
 City Owensboro State KY Zip Code 42303-2033
 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
 09 / 21 / 2013
Transaction ID : 11908782
 Amount of Each Receipt this Period
 250.00

C. Dr J Michael Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2027 Winston Dr
 City Owensboro State KY Zip Code 42301-4635
 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
 09 / 21 / 2013
Transaction ID : 11908784
 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 18 OF 54
	<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 Kevin S Wall
Full Name (Last, First, Middle Initial)

Mailing Address 1016 Park Ln

City Covington State KY Zip Code 41011-1120

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
09 / 21 / 2013
Transaction ID : 11908787

Amount of Each Receipt this Period
250.00

B. Dr Theodore E Brasky
Full Name (Last, First, Middle Initial)

Mailing Address 7831 Dakota Ln

City Orland Park State IL Zip Code 60462-1888

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
09 / 26 / 2013
Transaction ID : 11919292

Amount of Each Receipt this Period
1000.00

C. Dr Kevin L Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 910 S Catherine Ave

City La Grange State IL Zip Code 60525-2831

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
09 / 26 / 2013
Transaction ID : 11919422

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: (check only one)	PAGE 19 OF 54
	<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 Louis A Imburgia
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Thierry Ln
 City Prospect Heights State IL Zip Code 60070-1656
 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
 09 / 26 / 2013
Transaction ID : 11919529
 Amount of Each Receipt this Period
250.00

B. Dr John W Milgram
 Full Name (Last, First, Middle Initial)
 Mailing Address 794 Torrington Dr
 City Naperville State IL Zip Code 60565-4185
 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
 09 / 26 / 2013
Transaction ID : 11919531
 Amount of Each Receipt this Period
250.00

C. Dr John M Hagopian
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 David Ln
 City Elk Grove Village State IL Zip Code 60007-3060
 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
 09 / 26 / 2013
Transaction ID : 11919766
 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 20 OF 54
(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
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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Kenneth W Coffey

Mailing Address 10348 Lindsay Ln

City Mokena State IL Zip Code 60448-7995

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
 09 / 26 / 2013
Transaction ID : 11919768

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr Ilie P Pavel

Mailing Address 9050 Lowell Ave

City Skokie State IL Zip Code 60076-1661

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
 09 / 26 / 2013
Transaction ID : 11919770

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Alice G Boghosian

Mailing Address 740 Sylviawood Ave

City Park Ridge State IL Zip Code 60068-2248

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
 09 / 26 / 2013
Transaction ID : 11919773

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 21 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A. Dr Jack T Liu
 Full Name (Last, First, Middle Initial)
 Mailing Address 340 E Randolph St Apt 304
 City Chicago State IL Zip Code 60601-7418
 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
 09 / 26 / 2013
Transaction ID : 11919775
 Amount of Each Receipt this Period
1000.00

B. Dr Bernard William Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Paddock
 City Lemont State IL Zip Code 60439-9781
 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
 09 / 26 / 2013
Transaction ID : 11919777
 Amount of Each Receipt this Period
1000.00

c. Dr Darryll L Beard
 Full Name (Last, First, Middle Initial)
 Mailing Address 8507 D Rd
 City Waterloo State IL Zip Code 62298-5317
 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
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2013
Transaction ID : 11919779
 Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 22 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A. Dr Mark J Humenik
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Illinois Rd
 City Northbrook State IL Zip Code 60062-5236
 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
 09 / 26 / 2013
Transaction ID : 11919781
 Amount of Each Receipt this Period
1000.00

B. Dr Maryann M Hollis
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Oak Brook Club Dr Apt F308
 City Oak Brook State IL Zip Code 60523-8515
 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
 09 / 26 / 2013
Transaction ID : 11919783
 Amount of Each Receipt this Period
1000.00

C. Dr Robert N Bitter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1941 Robincrest Ln
 City Glenview State IL Zip Code 60025-4223
 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
 09 / 26 / 2013
Transaction ID : 11919785
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 23 OF 54
	<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 Phillip J Fijal
 Full Name (Last, First, Middle Initial)
 Mailing Address 918 Lakewood Dr
 City Barrington State IL Zip Code 60010-4696
 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 M / D D D / Y Y Y Y Y Y
 09 / 26 / 2013
Transaction ID : 11919787
 Amount of Each Receipt this Period
1000.00

B. Dr Bryan C Blew
 Full Name (Last, First, Middle Initial)
 Mailing Address 604 35th Avenue
 City Moline State IL Zip Code 61265-6174
 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 M / D D D / Y Y Y Y Y Y
 09 / 26 / 2013
Transaction ID : 11919789
 Amount of Each Receipt this Period
1000.00

C. Dr Perry K Tuneberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 3761 Fox Pointe
 City Rockford State IL Zip Code 61114-7072
 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 M / D D D / Y Y Y Y Y Y
 09 / 26 / 2013
Transaction ID : 11919791
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 Ronald Dale Riggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 4210 5th Ave
 City Moline State IL Zip Code 61265-1901
 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
 09 / 26 / 2013
Transaction ID : 11919793
 Amount of Each Receipt this Period
1000.00

B. Dr Keith A Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 3002 Rusty Ln
 City Bloomington State IL Zip Code 61704-4703
 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
 09 / 26 / 2013
Transaction ID : 11919795
 Amount of Each Receipt this Period
1000.00

C. Dr Edward H Segal
 Full Name (Last, First, Middle Initial)
 Mailing Address 1349 Gail Dr
 City Buffalo Grove State IL Zip Code 60089-1141
 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
 09 / 26 / 2013
Transaction ID : 11919799
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 54
	(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

Full Name (Last, First, Middle Initial) A. Dr Michael D Cerveris		Date of Receipt 09 / 26 / 2013 Transaction ID : 11919801
Mailing Address 1854 Wayne Road		Amount of Each Receipt this Period 1000.00
City Chambersburg	State PA	Zip Code 17202-8836
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr Samuel E Selcher		Date of Receipt 09 / 26 / 2013 Transaction ID : 11919803
Mailing Address 720 Spring Garden Drive		Amount of Each Receipt this Period 250.00
City Middletown	State PA	Zip Code 17057-3034
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 Nancy R Rosenthal		Date of Receipt 09 / 26 / 2013 Transaction ID : 11919805
Mailing Address 3773 Albidale Dr		Amount of Each Receipt this Period 250.00
City Huntingdon Valley	State PA	Zip Code 19006-2815
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	

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 26 OF 54
(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 Stephen J Jaworski

Mailing Address 500 Vine St

City State Zip Code
 New Bethlehem PA 16242-1156

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
 09 / 26 / 2013
Transaction ID : 11919807

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr Thomas C Petraitis

Mailing Address 101 Hospital Avenue

City State Zip Code
 Du Bois PA 15801-1439

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
 09 / 26 / 2013
Transaction ID : 11919809

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Ronald K Heier

Mailing Address 1405 Allan Ln

City State Zip Code
 West Chester PA 19380-5802

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
 09 / 26 / 2013
Transaction ID : 11919811

Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 27 OF 54
	<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. Mr. David S. Horvat
Full Name (Last, First, Middle Initial)

Mailing Address 9433 Elmhurst Court

City State Zip Code
Brentwood TN 37027-8612

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

Name of Employer Occupation
Tennessee Dental Association Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 27 / 2013
Transaction ID : 11922572

Amount of Each Receipt this Period
250.00

B. Ms. Vicki Wilbers
Full Name (Last, First, Middle Initial)

Mailing Address 3340 American Ave

City State Zip Code
Jefferson City MO 65109-1079

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

Name of Employer Occupation
Missouri Dental Association Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 27 / 2013
Transaction ID : 11922574

Amount of Each Receipt this Period
250.00

C. Mr. Michael R. Porter
Full Name (Last, First, Middle Initial)

Mailing Address 3312 Indian Lake Drive

City State Zip Code
Louisville KY 40241-3404

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

Name of Employer Occupation
Kentucky Dental Association Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 27 / 2013
Transaction ID : 11922576

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 28 OF 54
	<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. Mr. Richard D. Stevens		Date of Receipt MM / DD / YYYY 09 / 27 / 2013 Transaction ID : 11922578
Mailing Address 2016 Kanawha Blvd		Amount of Each Receipt this Period 250.00
City Charleston	State WV	Zip Code 25311-2204
FEC ID number of contributing federal political committee. C		
Name of Employer West Virginia Dental Association	Occupation Executive Director	
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 Theodore A Rehtin III		Date of Receipt MM / DD / YYYY 09 / 27 / 2013 Transaction ID : 11922580
Mailing Address 12672 Alswell Ln		Amount of Each Receipt this Period 500.00
City Saint Louis	State MO	Zip Code 63128-2509
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr J D Hill		Date of Receipt MM / DD / YYYY 09 / 27 / 2013 Transaction ID : 11922582
Mailing Address PO Box 187		Amount of Each Receipt this Period 500.00
City Irvine	State KY	Zip Code 40336-0187
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 ▼ 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: (check only one)	PAGE 29 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Richard K Bokemper
 Full Name (Last, First, Middle Initial)
 Mailing Address 2714 Ivanhoe Dr
 City State Zip Code
 Sergeant Bluff IA 51054-9769
 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 11929514
 Amount of Each Receipt this Period
 300.00

B. Dr Frederick S Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 W Penn Avenue
 City State Zip Code
 Cleona PA 17042-3230
 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
 09 / 30 / 2013
Transaction ID : 11929516
 Amount of Each Receipt this Period
 250.00

C. Dr Linda K Himmelberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Oak Knoll Dr
 City State Zip Code
 Berwyn PA 19312-1281
 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
 09 / 30 / 2013
Transaction ID : 11929517
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 30 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Jane S Grover
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 N Jackson Street
 City Jackson State MI Zip Code 49201-1266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Dental Association Occupation Director, CAPIR
 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
 09 / 30 / 2013
Transaction ID : 11929518
 Amount of Each Receipt this Period
 1000.00

B. Dr Gayle Glenn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3922 Travis St Apt 12
 City Dallas State TX Zip Code 75204-1765
 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
 09 / 30 / 2013
Transaction ID : 11929519
 Amount of Each Receipt this Period
 250.00

C. Dr Michael Walter Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 78461 US HWY 111
 City La Quinta State CA Zip Code 92253-2076
 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
 09 / 04 / 2013
Transaction ID : 11961578
 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 31 OF 54
(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 Michael Walter Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 78461 US HWY 111

City La Quinta	State CA	Zip Code 92253-2076
-------------------	-------------	------------------------

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
 09 / 04 / 2013
Transaction ID : 11961579

Amount of Each Receipt this Period
 250.00

B. Dr Michael Walter Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 78461 US HWY 111

City La Quinta	State CA	Zip Code 92253-2076
-------------------	-------------	------------------------

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
 09 / 08 / 2013
Transaction ID : 11980691

Amount of Each Receipt this Period
 250.00

C. Dr Michael Walter Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 78461 US HWY 111

City La Quinta	State CA	Zip Code 92253-2076
-------------------	-------------	------------------------

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
 09 / 08 / 2013
Transaction ID : 11980692

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 32 OF 54
(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
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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Michael Walter Long

Mailing Address 78461 US HWY 111

City La Quinta	State CA	Zip Code 92253-2076
-------------------	-------------	------------------------

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
09	/	08	/	2013

Transaction ID : 11980697

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$750.00 This changes the YTD Total to \$250.00

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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	41524.00

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

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

FOR LINE NUMBER: PAGE 33 OF 54
(check only one)

<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
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. California Dental PAC

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12804.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2013

Transaction ID : 11952189

Amount of Each Receipt this Period
549.92

Full Name (Last, First, Middle Initial)
B.

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	549.92
TOTAL This Period (last page this line number only).....▶	549.92

**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
bank fees inc. PayPal processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 11961572

Amount of Each Disbursement this Period

bank fees inc. PayPal processing

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
PayPal processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 11961575

Amount of Each Disbursement this Period

PayPal processing fees

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

/ /

Amount of Each Disbursement this Period

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

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. Pingree For Congress

Mailing Address PO Box 17613

City Portland State ME Zip Code 04112

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Chellie M. Pingree

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District: 01

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2013

Transaction ID : 11873943

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Elijah E. Cummings

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 07

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893405

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Chris Van Hollen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893408

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

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. Duncan For Congress

Mailing Address PO Box 2646

City Knoxville State TN Zip Code 37901

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. John J. Duncan Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

Transaction ID : 11893409

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Southerland For Congress

Mailing Address PO Box 1692

City Lynn Haven State FL Zip Code 32444

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Steve Southerland II

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

Transaction ID : 11893410

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Leonard Lance

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

Transaction ID : 11893411

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

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. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. James W. Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893412

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Gardner For Congress

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Cory Gardner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893413

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Susan M. Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893414

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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. Karen Spilka For Congress Committee

Mailing Address 18 Rome Way

City Ashland State MA Zip Code 01721

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Karen Spilka

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893422

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Hoosiers For Rokita, Inc.

Mailing Address 314 Arsenal Ave.

City Indianapolis State IN Zip Code 46201

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Rep. Todd Rokita

Category/
Type

Office Sought: House
 Senate
 President
State: IN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893423

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Jackie Walorski

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893424

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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. Committee to Strengthen America

Mailing Address PO Box 295

City State Zip Code
Oaklyn NJ 08107

Purpose of Disbursement
Contribution to Federal PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

Transaction ID : 11893426

Amount of Each Disbursement this Period

1500.00

Contribution to Federal PAC

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 450

City State Zip Code
Victor NY 14564

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Tom Reed

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

Transaction ID : 11893427

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. The Reed Committee

Mailing Address PO Box 8268

City State Zip Code
Cranston RI 02920

Purpose of Disbursement
Candidate Contribution

Candidate Name

Jack Reed

Office Sought: House
 Senate
 President
State: RI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

Transaction ID : 11893428

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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. Rogers For Congress

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Michael J. Rogers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893429

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Void - Van Hollen For Congress-typo

011

Candidate Name

Rep. Chris Van Hollen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893430

Amount of Each Disbursement this Period

-1500.00

Void - Van Hollen For Congress-typo

Full Name (Last, First, Middle Initial)

C. Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Chris Van Hollen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : 11893431

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

1000.00

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. Rob Woodall For Congress

Mailing Address Post Office Box 1871

City Lawrenceville State GA Zip Code 30046

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Rob Woodall

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2013

Transaction ID : 11893555

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Ros-Lehtinen For Congress

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Ileana Ros-Lehtinen

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 27

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2013

Transaction ID : 11893992

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tallatchee Creek PAC

Mailing Address PO Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement
Void - split into 2 contributions

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : 11902985

Amount of Each Disbursement this Period

-4000.00

Void - split into 2 contributions

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

-1500.00

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. Tallatchee Creek PAC

Mailing Address PO Box 29576

City Washington State DC Zip Code 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
09 / 17 / 2013

Transaction ID : 11902986

Amount of Each Disbursement this Period

2000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

B. ROSKAM PAC

Mailing Address 1006 Pendleton St.

City Alexandria State VA Zip Code 22314

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
09 / 17 / 2013

Transaction ID : 11902987

Amount of Each Disbursement this Period

2000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

C. LOBO PAC

Mailing Address PO Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name

LOBO PAC

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : 11902988

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)..... ▶

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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. Broun Freedom Fund

Mailing Address 264 N Lumpkin St #202

City Athens State GA Zip Code 30601

Purpose of Disbursement
Void - check lost in mail

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 11906895

Amount of Each Disbursement this Period

-1000.00

Void - check lost in mail

Full Name (Last, First, Middle Initial)

B. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
Void - not accepting money to re-elect

Candidate Name

Rep. Debbie Wasserman-Schultz

Office Sought: House Senate President
State: FL District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 11906898

Amount of Each Disbursement this Period

-1000.00

Void - not accepting money to re-elect

Full Name (Last, First, Middle Initial)

C. Carol Shea-Porter For Congress

Mailing Address PO Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement
Void - not accepting PAC money to re-elect

Candidate Name

Rep. Carol Shea-Porter

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 11906899

Amount of Each Disbursement this Period

-1000.00

Void - not accepting PAC money to re-elect

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

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

-3000.00

**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. Conyers for Congress

Mailing Address 1831 Bay Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
John Conyers

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2013

Transaction ID : 11909101

Amount of Each Disbursement this Period

1500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Jobs Growth and Freedom Fund

Mailing Address 815 King Street, Ste 308

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name
Jobs Growth and Freedom Fund

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2013

Transaction ID : 11909102

Amount of Each Disbursement this Period

1000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

C. Mikulski For Senate

Mailing Address 1629 Thames Street
Suite 400

City Baltimore State MD Zip Code 21231

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Barbara Mikulski

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2013

Transaction ID : 11909103

Amount of Each Disbursement this Period

1500.00

Contributions to Federal Candidates

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

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

4000.00

**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. Denali Leadership PAC

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
Contributions to Federal PACS

011

Candidate Name

Denali Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2013

Transaction ID : 11909104

Amount of Each Disbursement this Period

1000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

B. Committee For Peter J. Visclosky

Mailing Address PO Box 10003

City Merrillville State IN Zip Code 46411

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Peter Visclosky

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 01

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2013

Transaction ID : 11909105

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Rep. Edward Whitfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2013

Transaction ID : 11909107

Amount of Each Disbursement this Period

2500.00

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)
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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. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement
Contributions to Federal Candidates Re-designated funds for trans. dated 6/27/2013

Candidate Name
Sen. John Cornyn

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

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909708

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

Contributions to Federal Candidates Re-designated funds for trans. dated 6/27/2013

Full Name (Last, First, Middle Initial)

B. Lone Star Leadership PAC

Mailing Address 7315 Wisconsin Avenue Suite 310 Ea

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909713

Amount of Each Disbursement this Period

2500.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

C. TACPAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909714

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)..... ▶

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. Diana DeGette for Congress, Inc

Mailing Address 770 Grant Street, #238

City State Zip Code
Denver CO 80203

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Diana DeGette

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909715

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Doggett for Congress

Mailing Address P.O. Box 5843

City State Zip Code
Austin TX 78703

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Lloyd Doggett

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909716

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Enzi For U.S. Senate Committee

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Michael Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909717

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

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

6000.00

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. Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
University Heights OH 44118

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Rep. Marcia L. Fudge

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

Transaction ID : 11909718

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)

B. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City State Zip Code
Dallas TX 75382

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name

Rep. Jeb Hensarling

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

Transaction ID : 11909719

Amount of Each Disbursement this Period

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

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. JEBFund (Jobs, Economy, Budget Fund)

Mailing Address PO Box 820504

City State Zip Code
Dallas TX 75382

Purpose of Disbursement
Contributions to Federal PACS

011

Candidate Name

JEBFund (Jobs, Economy, Budget Fund)

Category/
Type

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	9		2	5		2	0	1	3

Transaction ID : 11909720

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Contributions to Federal PACS

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

5	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	5	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. Huffman For Congress 2014

Mailing Address P.O. Box 151563

City San Rafael State CA Zip Code 94915

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Jared Huffman

Office Sought: House
 Senate
 President

State: CA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909721

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Mailing Address P.O. Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Bill Johnson

Office Sought: House
 Senate
 President

State: OH District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909722

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Sandy M. Levin

Office Sought: House
 Senate
 President

State: MI District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909723

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)..... ▶

3000.00

**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. Committee to Elect Michelle Lujan Grisham

Mailing Address 2015 Dietz Pl NW

City Albuquerque State NM Zip Code 87107

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name
Michelle Lujan Grisham

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909724

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Democrats Win Seats PAC

Mailing Address 1071 Twin Branch Lane

City Weston State FL Zip Code 33326

Purpose of Disbursement
Contributions to Federal PACS

011

Candidate Name
Democrats Win Seats PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909725

Amount of Each Disbursement this Period

1000.00

Contributions to Federal PACS

Full Name (Last, First, Middle Initial)

C. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Contributions to Federal Candidates

011

Candidate Name
Rep. Peter Welch

Category/
Type

Office Sought: House
 Senate
 President
State: VT District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 11909726

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

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

3000.00

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. Alaskans For Don Young Inc.

Mailing Address 2504 Fairbanks Street

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Don E. Young

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

Transaction ID : 11909727

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

B. Hastings For Congress

Mailing Address P.O. Box 100277

City Ft. Lauderdale State FL Zip Code 33310

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Alcee L. Hastings

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	3

Transaction ID : 11919283

Amount of Each Disbursement this Period

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

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

C. Green Mountain PAC

Mailing Address 10 G Street, NE
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions to Federal PACS

Candidate Name

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	9		2	6		2	0	1	3

Transaction ID : 11919284

Amount of Each Disbursement this Period

3	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	5	0	0	.	0	0
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5	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. Horsford For Congress

Mailing Address 6100 Elton Ave.
Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Steven Horsford

Office Sought: House
 Senate
 President
State: NV District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 11925689

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

B.

Full Name (Last, First, Middle Initial)

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

C.

Full Name (Last, First, Middle Initial)

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

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

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

1000.00

59000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr Michael Walter Long

Mailing Address 78461 US HWY 111

City La Quinta State CA Zip Code 92253-2076

Purpose of Disbursement
duplicate online payments-user error

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 11980693

Amount of Each Disbursement this Period

duplicate online payments-user error

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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