FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Dr. Lewis Barla, Treasurer
American Dental Political
Action Committee
1111 14th Street NW, Suite 1100
Washington, DC 20005

NOV 6 1996

Identification Number: C00000729

Reference: June Monthly (5/1/96-5/31/96), August Monthly (7/1/96-7/31/96) and September Monthly (8/1/96-8/31/96) Reports

Dear Dr. Barla:

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

-Schedule A of your report (examples enclosed) discloses receipts from state dental associations and societies that are not registered with the Commission. 2 U.S.C. §441b prohibits the receipt of funds from national banks, corporations, and labor organizations. Under 11 CFR §102.6, however, certain entities may serve as collecting agents for the purpose of transmitting contributions to a separate segregated fund. A collecting agent may be, but is not limited to, a committee which is affiliated with the separate segregated fund; the connected organization; or a local, national, or international union.

Funds received from a collecting agent are to be attributed to the original contributors and should be disclosed according to the requirements of 11 CFR §104.3(a). If the transactions in question were contributed by individuals and transmitted to your committee by a collecting agent, the activity should be included on Line 11(a)(i) or 11(a)(ii) of the Detailed Summary Page. Any contribution from an individual exceeding $200 in the aggregate during the calendar year should be itemized on a supporting Schedule A. Collecting agents need not be identified on your report.

If the contributions in question were incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Richard Ng
Reports Analyst
Reports Analysis Division

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**SCHEDULE A** **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 12

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 Political Action Committee

| A. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (Month day,Year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Arkansas Dental Association<br>2501 Crestwood Drive<br>Suite 205<br>North Little Rock, AR 72116<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Arkansas Dental Association<br>Occupation<br>Aggregate Year-to-date > $ 6,710.00 | 05/10/96 | 500.00 |
| B. Full Name, Mailing Address and Zip Code<br>Illinois State Dental Society<br>PO Box 376<br>1010 S. 2nd St.(zip-62704)<br>Springfield, IL 62705<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Illinois State Dental Society<br>Occupation<br>Aggregate Year-to-date > $ 22,585.00 | Date (Month day,Year)<br>05/10/96 | Amount of Each Receipt this Period<br>5.00 |
| C. Full Name, Mailing Address and Zip Code<br>Indiana Dental Association<br>PO Box 2467<br>Indianapolis, IN 46206-2467<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Indiana Dental Association<br>Occupation<br>Aggregate Year-to-date > $ 16,084.50 | Date (Month day,Year)<br>05/10/96 | Amount of Each Receipt this Period<br>325.00 |
| D. Full Name, Mailing Address and Zip Code<br>Maryland State Dental Association<br>6450 Dobbin Road<br>Columbia, MD 21045<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Maryland State Dental Association<br>Occupation<br>Aggregate Year-to-date > $ 10,305.80 | Date (Month day,Year)<br>05/10/96 | Amount of Each Receipt this Period<br>650.00 |
| E. Full Name, Mailing Address and Zip Code<br>Massachusetts Dental Society<br>83 Speen Street<br>Natick, MA 01760<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Massachusetts Dental Society<br>Occupation<br>Aggregate Year-to-date > $ 9,202.91 | Date (Month day,Year)<br>05/10/96 | Amount of Each Receipt this Period<br>100.00 |
| F. Full Name, Mailing Address and Zip Code<br>New Jersey Dental Association<br>One Dental Plaza<br>North Brunswick, NJ 08902-4311<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>New Jersey Dental Association<br>Occupation<br>Aggregate Year-to-date > $ 23,075.50 | Date (Month day,Year)<br>05/10/96 | Amount of Each Receipt this Period<br>100.00 |
| G. Full Name, Mailing Address and Zip Code<br>South Dakota Dental Association<br>PO Box 1194<br>Pierre, SD 57501<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>South Dakota Dental Association<br>Occupation<br>Aggregate Year-to-date > $ 3,400.00 | Date (Month day,Year)<br>05/10/96 | Amount of Each Receipt this Period<br>25.00 |
| SUB TOTAL of Receipts This Page (Optional) > | | | 2,005.00 |
| TOTAL this Period (Last page this line number only) > | | | |

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**SCHEDULE A** **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 12

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NAME OF COMMITTEE (In full)
American Dental Political Action Committee

| A. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (Month day,Year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Arizona Dental Association<br>4131 North 36th Street<br>Phoenix, AZ 85018 | | 07/11/96 | 550.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Aggregate Year-to-date > $ 9,266.00 | | |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (Month day,Year) | Amount of Each Receipt this Period |
| Connecticut State Dental Association<br>62 Russ Street<br>Hartford, CT 06106 | | 07/11/96 | 450.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Aggregate Year-to-date > $ 10,800.00 | | |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (Month day,Year) | Amount of Each Receipt this Period |
| Indiana Dental Association<br>PO Box 2467<br>Indianapolis, IN 46206-2467 | | 07/11/96 | 50.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Aggregate Year-to-date > $ 16,334.50 | | |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (Month day,Year) | Amount of Each Receipt this Period |
| Kentucky Dental Association<br>1940 Princeton Drive<br>Louisville, KY 40205 | | 07/11/96 | 425.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Aggregate Year-to-date > $ 3,200.00 | | |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (Month day,Year) | Amount of Each Receipt this Period |
| Louisiana Dental Association<br>7833 Office Park Blvd.<br>Baton Rouge, LA 70809 | | 07/11/96 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Aggregate Year-to-date > $ 225.00 | | |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (Month day,Year) | Amount of Each Receipt this Period |
| Michigan Dental Association<br>230 Washington Square, North<br>Suite 206<br>Lansing, MI 48933 | | 07/11/96 | 175.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Aggregate Year-to-date > $ 32,040.00 | | |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (Month day,Year) | Amount of Each Receipt this Period |
| Nebraska Dental Association<br>3120 'O' Street<br>Lincoln, NE 68510 | | 07/11/96 | 25.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Aggregate Year-to-date > $ 3,300.00 | | |

SUB TOTAL of Receipts This Page (Optional)..... > 1,775.00

TOTAL this Period (Last page this line number only)..... >

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

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FOR LINE NUMBER 12

## SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and Zip Code<br>Michigan Dental Association<br>230 Washington Square, North<br>Suite 208<br>Lansing, MI 48933<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Occupation<br>Aggregate Year-to-date> $ 32,715.00 | Date (Month day,Year)<br>08/12/96 | Amount of Each Receipt this Period<br>225.00 |
| B. Full Name, Mailing Address and Zip Code<br>Georgia Dental Association<br>2801 Buford Highway<br>Suite T60<br>Atlanta, GA 30329-2137<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Occupation<br>Aggregate Year-to-date> $ 7,025.00 | Date (Month day,Year)<br>08/12/96 | Amount of Each Receipt this Period<br>100.00 |
| C. Full Name, Mailing Address and Zip Code<br>Ohio Dental Association<br>1370 Dublin Road<br>Columbus, OH 43215<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Occupation<br>Aggregate Year-to-date> $ 35,930.00 | Date (Month day,Year)<br>08/12/96 | Amount of Each Receipt this Period<br>5.00 |
| D. Full Name, Mailing Address and Zip Code<br>Illinois State Dental Society<br>PO Box 376<br>1010 S. 2nd St.(zip-62704)<br>Springfield, IL 62705<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Occupation<br>Aggregate Year-to-date> $ 23,065.00 | Date (Month day,Year)<br>08/23/96 | Amount of Each Receipt this Period<br>175.00 |
| E. Full Name, Mailing Address and Zip Code<br>Illinois State Dental Society<br>PO Box 376<br>1010 S. 2nd St.(zip-62704)<br>Springfield, IL 62705<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Occupation<br>Aggregate Year-to-date> $ 23,865.00 | Date (Month day,Year)<br>08/23/96 | Amount of Each Receipt this Period<br>100.00 |
| F. Full Name, Mailing Address and Zip Code<br>Indiana Dental Association<br>PO Box 2467<br>Indianapolis, IN 46206-2467<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Occupation<br>Aggregate Year-to-date> $ 16,359.50 | Date (Month day,Year)<br>08/23/96 | Amount of Each Receipt this Period<br>25.00 |
| G. Full Name, Mailing Address and Zip Code<br>Massachusetts Dental Society<br>83 Speen Street<br>Natick, MA 01760<br>Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Name of Employer<br>Occupation<br>Aggregate Year-to-date> $ 9,234.15 | Date (Month day,Year)<br>08/23/96 | Amount of Each Receipt this Period<br>31.24 |

SUB TOTAL of Receipts This Page (Optional) > 651.24

TOTAL this Period (Last page this line number only) >