



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Dr. Lewis Earle, 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. Earle:

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 §102.5, 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,

A handwritten signature in dark ink, appearing to read "Richard Ng" with a stylized flourish at the end.

Richard Ng
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 7
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 Arkansas Dental Association 2501 Crestwood Drive Suite 205 North Little Rock, AR 72116 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Arkansas Dental Association Occupation Aggregate Year-to-date > \$ 6,710.00	Date (Month day, Year) 05/10/96	Amount of Each Receipt this Period 900.00
B. Full Name, Mailing Address and Zip Code Illinois State Dental Society PO Box 376 1010 S. 2nd St. (zip 62704) Springfield, IL 62705 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Illinois State Dental Society Occupation Aggregate Year-to-date > \$ 22,585.00	Date (Month day, Year) 05/10/96	Amount of Each Receipt this Period 5.00
C. Full Name, Mailing Address and Zip Code Indiana Dental Association PO Box 2467 Indianapolis, IN 46206-2467 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Indiana Dental Association Occupation Aggregate Year-to-date > \$ 16,054.50	Date (Month day, Year) 05/10/96	Amount of Each Receipt this Period 325.00
D. Full Name, Mailing Address and Zip Code Maryland State Dental Association 6450 Dobbin Road Columbia, MD 21045 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Maryland State Dental Association Occupation Aggregate Year-to-date > \$ 10,305.00	Date (Month day, Year) 05/10/96	Amount of Each Receipt this Period 650.00
E. Full Name, Mailing Address and Zip Code Massachusetts Dental Society 83 Speen Street Natick, MA 01760 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Massachusetts Dental Society Occupation Aggregate Year-to-date > \$ 9,202.91	Date (Month day, Year) 05/10/96	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and Zip Code New Jersey Dental Association One Dental Plaza North Brunswick, NJ 08902-4311 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer New Jersey Dental Association Occupation Aggregate Year-to-date > \$ 23,675.50	Date (Month day, Year) 05/10/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and Zip Code South Dakota Dental Association PO Box 1194 Pierre, SD 57501 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer South Dakota Dental Association Occupation Aggregate Year-to-date > \$ 3,400.00	Date (Month day, Year) 05/10/96	Amount of Each Receipt this Period 25.00
SUB TOTAL of Receipts This Page (Optional):			2,095.00
TOTAL this Period (Last page this line number only):			

96030573967

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 8
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 Arizona Dental Association 4131 North 36th Street Phoenix, AZ 85018	Name of Employer Occupation	Date (Month day, Year) 07/11/96	Amount of Each Receipt this Period 550.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > \$ 9,266.00		
B. Full Name, Mailing Address and Zip Code Connecticut State Dental Association 62 Ross Street Hartford, CT 06106	Name of Employer Occupation	Date (Month day, Year) 07/11/96	Amount of Each Receipt this Period 450.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > \$ 10,800.00		
C. Full Name, Mailing Address and Zip Code Indiana Dental Association PO Box 2467 Indianapolis, IN 46206-2467	Name of Employer Occupation	Date (Month day, Year) 07/11/96	Amount of Each Receipt this Period 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > \$ 16,334.50		
D. Full Name, Mailing Address and Zip Code Kentucky Dental Association 1940 Princeton Drive Louisville, KY 40205	Name of Employer Occupation	Date (Month day, Year) 07/11/96	Amount of Each Receipt this Period 425.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > \$ 3,200.00		
E. Full Name, Mailing Address and Zip Code Louisiana Dental Association 7833 Office Park Blvd. Baton Rouge, LA 70809	Name of Employer Occupation	Date (Month day, Year) 07/11/96	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > \$ 225.00		
F. Full Name, Mailing Address and Zip Code Michigan Dental Association 230 Washington Square, North Suite 208 Lansing, MI 48933	Name of Employer Occupation	Date (Month day, Year) 07/11/96	Amount of Each Receipt this Period 175.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > \$ 32,040.00		
G. Full Name, Mailing Address and Zip Code Nebraska Dental Association 3120 'O' Street Lincoln, NE 68510	Name of Employer Occupation	Date (Month day, Year) 07/11/96	Amount of Each Receipt this Period 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) >			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary PagePAGE 2 OF 5
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 or 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

Michigan Dental Association
230 Washington Square, North
Suite 208
Lansing, MI 48933

Name of Employer

Date (Month
day, Year)

08/12/96

Amount of Each
Receipt this Period

225.00

Occupation

Receipt For:

☐ Primary☐ General☐ Other (Specify)

Aggregate Year-to-date > \$

32,715.00

B. Full Name, Mailing Address and Zip Code

Georgia Dental Association
2501 Buford Highway
Suite T60
Atlanta, GA 30329-2137

Name of Employer

Date (Month
day, Year)

08/12/96

Amount of Each
Receipt this Period

190.00

Occupation

Receipt For:

☐ Primary☐ General☐ Other (Specify)

Aggregate Year-to-date > \$

7,025.00

C. Full Name, Mailing Address and Zip Code

Ohio Dental Association
1370 Dublin Road
Columbus, OH 43215

Name of Employer

Date (Month
day, Year)

08/12/96

Amount of Each
Receipt this Period

5.00

Occupation

Receipt For:

☐ Primary☐ General☐ Other (Specify)

Aggregate Year-to-date > \$

35,930.00

D. Full Name, Mailing Address and Zip Code

Illinois State Dental Society
PO Box 376
1010 S. 2nd St. (zip-62704)
Springfield, IL 62705

Name of Employer

Date (Month
day, Year)

08/23/96

Amount of Each
Receipt this Period

175.00

Occupation

Receipt For:

☐ Primary☐ General☐ Other (Specify)

Aggregate Year-to-date > \$

23,085.00

E. Full Name, Mailing Address and Zip Code

Illinois State Dental Society
PO Box 376
1010 S. 2nd St. (zip-62704)
Springfield, IL 62705

Name of Employer

Date (Month
day, Year)

08/23/96

Amount of Each
Receipt this Period

100.00

Occupation

Receipt For:

☐ Primary☐ General☐ Other (Specify)

Aggregate Year-to-date > \$

23,085.00

F. Full Name, Mailing Address and Zip Code

Indiana Dental Association
PO Box 2467
Indianapolis, IN 46206-2467

Name of Employer

Date (Month
day, Year)

08/23/96

Amount of Each
Receipt this Period

25.00

Occupation

Receipt For:

☐ Primary☐ General☐ Other (Specify)

Aggregate Year-to-date > \$

16,359.50

G. Full Name, Mailing Address and Zip Code

Massachusetts Dental Society
83 Speen Street
Natick, MA 01760

Name of Employer

Date (Month
day, Year)

08/23/96

Amount of Each
Receipt this Period

31.24

Occupation

Receipt For:

☐ Primary☐ General☐ Other (Specify)

Aggregate Year-to-date > \$

9,234.15

SUB TOTAL of Receipts This Page (Optional)

661.24

TOTAL this Period (Last page this line number only)

