FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

NOV 6 1996

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

Identification Number: C00000729

Reference: July Monthly Report (6/1/96-6/30/96)

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:

-The beginning cash balance of this report should equal the ending balance of your June Monthly Report. Please clarify this discrepancy and amend any subsequent report(s) that may be affected by this correction.

-The totals listed on Lines 6(c), 7, 12, 19, 20, 23, 30 and 31, Column B of the Summary and Detailed Summary Pages appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.

-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

264

Enclosures

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

PAGE 3 OF 8

FOR LINE NUMBER 12

SCHEDULE A ITEMIZED RECEIPTS

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 Occupation Aggregate Year-to-date > $ 6,835.00	Date (Month day,Year) 06/07/96	Amount of Each Receipt this Period 125.00
B. Full Name, Mailing Address and Zip Code Alaska Dental Society 3305 Arctic Blvd. Suite 102 Anchorage, AK 99503-4975 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $ 550.00	Date (Month day,Year) 06/07/96	Amount of Each Receipt this Period 175.00
C. Full Name, Mailing Address and Zip Code Wisconsin Dental Association 111 E. Wisconsin Avenue, #1300 Milwaukee, WI 53202-4811 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $ 7,958.00	Date (Month day,Year) 06/24/96	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and Zip Code Wisconsin Dental Association 111 E. Wisconsin Avenue, #1300 Milwaukee, WI 53202-4811 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $ 7,958.00	Date (Month day,Year) 06/24/96	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and Zip Code Wisconsin Dental Association 111 E. Wisconsin Avenue, #1300 Milwaukee, WI 53202-4811 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $ 7,958.00	Date (Month day,Year) 06/24/96	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and Zip Code Vermont State Dental Society 132 Church Street Burlington, VT 05401 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $ 1,725.00	Date (Month day,Year) 06/24/96	Amount of Each Receipt this Period 90.00
G. 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 Occupation Aggregate Year-to-date > $ 24,013.50	Date (Month day,Year) 06/24/96	Amount of Each Receipt this Period 100.00

SUB TOTAL of Receipts This Page (Optional) > 790.00

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