

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Dental Association Political Action Committee

ADDRESS (number and street) 1111 14th Street, NW
Suite 1100
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00000729
3. IS THIS REPORT NEW (N) **OR** AMENDED (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 Quarterly 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 (12G)
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 04 01 2010 through 04 30 2010

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 Dennis Zent

Signature of Treasurer Electronically Filed by Dr Dennis Zent Date 05 10 2010

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 **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Dental Association Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 189539.35 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 379284.00 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 97081.98 | 650121.11 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 476365.98 | 839660.46 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 106564.54 | 469859.02 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 369801.44 | 369801.44 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 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) | 18960.00 | 26720.00 |
| (ii) Unitemized | 76443.40 | 550363.26 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 95403.40 | 577083.26 |
| (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) | 95403.40 | 577083.26 |
| 12. Transfers From Affiliated/Other Party Committees | 1637.00 | 62029.72 |
| 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 | 199.95 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 10625.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 41.58 | 183.18 |
| 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 Transfer (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)) | 97081.98 | 650121.11 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 97081.98 | 650121.11 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared 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..... | 64.54 | 565.02 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 64.54 | 565.02 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 106500.00 | 469000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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 | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 294.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 106564.54 | 469859.02 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 106564.54 | 469859.02 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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) | 95403.40 | 577083.26 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 95403.40 | 577083.26 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 64.54 | 565.02 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 199.95 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 64.54 | 365.07 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 40
(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

A. Full Name (Last, First, Middle Initial)
New Jersey Dental PAC

Mailing Address One Dental Plaza
PO Box 6020

City State Zip Code
North Brunswick NJ 08902

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6547.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: 9072364

Amount of Each Receipt this Period
392.00

B. Full Name (Last, First, Middle Initial)
Indiana Dental PAC

Mailing Address PO Box 2467

City State Zip Code
Indianapolis IN 46206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14412.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9085050

Amount of Each Receipt this Period
147.00

C. Full Name (Last, First, Middle Initial)
New Jersey Dental PAC

Mailing Address One Dental Plaza
PO Box 6020

City State Zip Code
North Brunswick NJ 08902

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7282.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2010

Transaction ID: 9104290

Amount of Each Receipt this Period
735.00

SUBTOTAL of Receipts This Page (optional) ► **1274.00**

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 / 40
(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

A. Full Name (Last, First, Middle Initial)
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 ▼
13327.72

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 9104293

Amount of Each Receipt this Period
363.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 363.00 |
| TOTAL This Period (last page this line number only) | ▶ | 1637.00 |

**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 / 40 |
| | <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 | |

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. | Full Name (Last, First, Middle Initial) Dr Jay Ralph Wells, III | | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 2510 Applegate Ave | | Transaction ID: 9084957 |
| | City Bethel Park | State PA | Zip Code 15102-2702 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| 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 | |

| | | | |
|---|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Mrs. Nancy Wells | | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 2510 Appelgate Road | | Transaction ID: 9084958 |
| | City Bethel Park | State PA | Zip Code 15102 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self-employed | | Occupation retired dental hygienist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr Mark C Huberty | | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 325 River Oaks Dr | | Transaction ID: 9084966 |
| | City Sheboygan Falls | State WI | Zip Code 53085-1087 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| 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 9 / 40 |
| | <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 | |

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. | Full Name (Last, First, Middle Initial) Dr David N Matthews | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 4319 Hartman Rd | Transaction ID: 9084967 |
| | City State Zip Code Fort Wayne IN 46807-2546 | Amount of Each Receipt this Period 500.00 |
| | 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 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr Richard E Ferguson | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 5406 S Zonetailed Way | Transaction ID: 9084969 |
| | City State Zip Code Boise ID 83716-9026 | Amount of Each Receipt this Period 500.00 |
| | 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 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr Douglas S Hadnot | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address PO Box 278 | Transaction ID: 9084970 |
| | City State Zip Code Lolo MT 59847-0278 | Amount of Each Receipt this Period 500.00 |
| | 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) | ▶ | 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 10 / 40
(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 |

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.

Full Name (Last, First, Middle Initial)
Dr Kevin Corry

Mailing Address 66 Midland Ave

City State Zip Code
Wyckoff NJ 07481-3344

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9084971

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Mary Krempasky Smith

Mailing Address 4117 S Custer Ct

City State Zip Code
Spokane WA 99223-1284

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9084974

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Mark A Vitale

Mailing Address 69 State Route 27

City State Zip Code
Edison NJ 08820-3983

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9084975

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: (check only one) | PAGE 11 / 40 |
| | <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 | |

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. | Full Name (Last, First, Middle Initial) Dr Nancy L Newhouse | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 332 NE Sunderland Ct | Transaction ID: 9084976 |
| | City State Zip Code Lees Summit MO 64064-1610 | Amount of Each Receipt this Period 500.00 |
| | 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 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Dr Benjamin Joseph Cumbus | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 3864 Colline Dr | Transaction ID: 9084977 |
| | City State Zip Code Montgomery AL 36106-3356 | Amount of Each Receipt this Period 500.00 |
| | 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 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr Barry L Langley | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 1101 Hanging Lantern Cir | Transaction ID: 9084978 |
| | City State Zip Code Mobile AL 36695-2685 | Amount of Each Receipt this Period 500.00 |
| | 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) | ▶ | 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 12 / 40
(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

A. Full Name (Last, First, Middle Initial)
Dr John S. Findley
Mailing Address 3800 S Potter Shop Rd
City State Zip Code
Crossroads TX 76227-2587
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: 04 / 15 / 2010
Transaction ID: 9084981
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Kevin Miltko
Mailing Address 444 Benton Ave
City State Zip Code
Missoula MT 59801-8636
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: 04 / 15 / 2010
Transaction ID: 9084985
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr James Benjamin Lowe
Mailing Address 2726 W Wilshire Blvd
City State Zip Code
Oklahoma City OK 73116-4015
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: 04 / 15 / 2010
Transaction ID: 9084988
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 13 / 40
(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 |

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.

Full Name (Last, First, Middle Initial)
Mrs. Linda Lowe

Mailing Address 2821 NW 58th Street

City State Zip Code
Oklahoma City OK 73112-7002

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

Name of Employer self-employed Occupation
homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9084989

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Ronda L Trotman

Mailing Address 17585 SW Chippewa Trl

City State Zip Code
Tualatin OR 97062-8478

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9084990

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Michael W Donohoo

Mailing Address 815 N 75th St

City State Zip Code
Wauwatosa WI 53213-3135

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9084991

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 14 / 40
(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 |

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.

Full Name (Last, First, Middle Initial)
Dr Eric Anthony Te Duits

Mailing Address 5653 Ashbourne Ln

City State Zip Code
Fitchburg WI 53711-6966

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9084994

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Cheryl D Haley

Mailing Address PO Box 369

City State Zip Code
Ozark MO 65721-0369

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9084995

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Charles B Foy, Jr

Mailing Address 7 Greenbriar Dr

City State Zip Code
Covington LA 70433-4542

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9084997

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: (check only one) | PAGE 15 / 40 |
| | <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 | |

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. | Full Name (Last, First, Middle Initial) Dr David R Bonnevie | | Date of Receipt |
| | Mailing Address 4490 Lower River Rd | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 15 / 2010 |
| | City | State | Zip Code |
| | Lewiston | NY | 14092-1060 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 9084998 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | dentist | <input type="text"/> 500.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 500.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|-----------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dr Gary S Wegman | | Date of Receipt |
| | Mailing Address 1900 Holly Rd | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 15 / 2010 |
| | City | State | Zip Code |
| | Reading | PA | 19602-1513 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 9085001 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | dentist | <input type="text"/> 500.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 500.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr Eugene T Giannini | | Date of Receipt |
| | Mailing Address 5104 Rockwood Pkwy NW | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 15 / 2010 |
| | City | State | Zip Code |
| | Washington | DC | 20016-1916 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 9085003 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | dentist | <input type="text"/> 500.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 500.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1500.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 40
(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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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.

Full Name (Last, First, Middle Initial)
Dr Edmund D Effort

Mailing Address 1139 Mellon St

City State Zip Code
Pittsburgh PA 15206-1525

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9085004

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Rolfe C McCoy

Mailing Address 1919 Polk St

City State Zip Code
Chillicothe MO 64601-1843

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9085016

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr David C Averill

Mailing Address 324 Pearl St

City State Zip Code
Burlington VT 05401-8531

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9085017

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | PAGE 17 / 40 |
|---|--|--------------|

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. | Full Name (Last, First, Middle Initial) Dr Darryll L Beard | | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 | | |
| | Mailing Address 8507 D Rd | | Transaction ID: 9085019 | | |
| | City Waterloo | State IL | Zip Code 62298-5317 | Amount of Each Receipt this Period 300.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation dentist Aggregate Year-to-Date ▼ 300.00 | | | |

| | | | | | |
|-----------|---|---|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Dr John Stephen Olmsted | | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 | | |
| | Mailing Address 518 Oakland Ave | | Transaction ID: 9085022 | | |
| | City Iowa City | State IA | Zip Code 52240-6238 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation dentist Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|-----------|---|---|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Dr H Todd Cubbon | | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 | | |
| | Mailing Address 24949 S Woodland Dr | | Transaction ID: 9085026 | | |
| | City Crete | State IL | Zip Code 60417-3447 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation dentist Aggregate Year-to-Date ▼ 500.00 | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1300.00 |
| 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 / 40 |
| | <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 | |

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. | Full Name (Last, First, Middle Initial) Dr Weston W Heringer, Jr | | Date of Receipt |
| | Mailing Address 2220 High St SE | | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Salem | OR | 97302-5329 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 9085035 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | dentist | <input type="text" value="500.00"/> |
| Receipt For: | | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dr S Jerry Long | | Date of Receipt |
| | Mailing Address 4515 Diamond Springs Dr | | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Missouri City | TX | 77459-6323 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 9085038 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | Dentist | <input type="text" value="500.00"/> |
| Receipt For: | | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr Daniel A Bertoch | | Date of Receipt |
| | Mailing Address 4401 Carrollwood Village Drive | | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Tampa | FL | 33618-8638 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 9085039 |
| Name of Employer Self-employed | | Occupation | Amount of Each Receipt this Period |
| Self-employed | | dentist | <input type="text" value="500.00"/> |
| Receipt For: | | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 40

(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 |

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.

Full Name (Last, First, Middle Initial)
Dr Irving Lebovics

Mailing Address 132 N Las Palmas Ave

City State Zip Code
Los Angeles CA 90004-1048

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

Name of Employer self-employed Occupation
Dental School Faculty

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 9085040

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Daniel D Saucy

Mailing Address 465 Myers St S

City State Zip Code
Salem OR 97302-4329

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 9085042

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr Keith W Collins

Mailing Address 12306 NW 11th Ct

City State Zip Code
Vancouver WA 98685-2463

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 9085043

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 20 / 40
(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

A. Full Name (Last, First, Middle Initial)
Dr Theodore R Pope

Mailing Address 573 W David Pkwy

City State Zip Code
Kettering OH 45429-1977

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9085044

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr James W Dougherty

Mailing Address 206 Westchester Dr

City State Zip Code
Griffin GA 30223-8300

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
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9085048

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Rose Marie Dougherty

Mailing Address 206 Westchester Drive

City State Zip Code
Griffin GA 30223-8300

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

Name of Employer Dr. James W. Dougherty Occupation bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 9085049

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 21 / 40 |
| | (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 |

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.

Full Name (Last, First, Middle Initial)
Dr Warren Boswell Branch

Mailing Address 3301 Oakwell Court

City San Antonio State TX Zip Code 78218-3074

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: 04 / 21 / 2010
Transaction ID: 9104275
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Leonard Eugene Crabtree

Mailing Address 1119 Sugar Lakes Dr

City Sugar Land State TX Zip Code 77478-3448

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 ▼ 210.00

Date of Receipt: 04 / 30 / 2010
Transaction ID: 9104296
 Amount of Each Receipt this Period: 210.00

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 710.00 |
| TOTAL This Period (last page this line number only) | 18960.00 |

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 |

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Hoeven For Senate</p> <p>Mailing Address PO Box 15114</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement Void - Hoeven For Senate - Dr. Sommers destroyed check sent on 3/12, sending replacement check</p> <p>Candidate Name Mr. John Hoeven</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9053635 Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/Type</p> <p>Void - Hoeven For Senate - Dr. Sommers destroyed check sent on 3/12, sending replacement check</p> |
| <p>B. Full Name (Last, First, Middle Initial) Hoeven For Senate</p> <p>Mailing Address PO Box 15114</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement Sent to Dr. Sommers</p> <p>Candidate Name Mr. John Hoeven</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9063473 Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/Type</p> <p>Sent to Dr. Sommers</p> |
| <p>C. Full Name (Last, First, Middle Initial) Robert Aderholt For Congress Comm.</p> <p>Mailing Address 940 Highway 13 PO Box 1158</p> <p>City Haleyville State AL Zip Code 35565</p> <p>Purpose of Disbursement Sent to Dr. Zack Studstill</p> <p>Candidate Name Robert Aderholt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9063479 Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p> <p>Sent to Dr. Zack Studstill</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Souder for Congress, Inc.</p> <p>Mailing Address PO Box 400</p> <p>City Grabill State IN Zip Code 46741</p> <p>Purpose of Disbursement Void - Souder for Congress, Inc.-duplicate check</p> <p>Candidate Name Mark Souder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9065118 Date of Disbursement 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p> <p>Void - Souder for Congress, Inc.-duplicate check</p> |
| <p>B. Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray for Congress</p> <p>Mailing Address 2466 Unicornio Street</p> <p>City Carlsbad State CA Zip Code 92009</p> <p>Purpose of Disbursement Void - Re-Elect Brian Bilbray for Congress-unable to deliver</p> <p>Candidate Name Brian Bilbray</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9065119 Date of Disbursement 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/ Type</p> <p>Void - Re-Elect Brian Bilbray for Congress-unable to deliver</p> |
| <p>C. Full Name (Last, First, Middle Initial) Re-Elect McGovern Committee</p> <p>Mailing Address PO Box 60405</p> <p>City Worcester State MA Zip Code 01606</p> <p>Purpose of Disbursement check sent to Damian Aufiero, Donoghue Barrett & Singal</p> <p>Candidate Name Rep. James P. McGovern</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9065835 Date of Disbursement 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>check sent to Damian Aufiero, Donoghue Barrett & Singal</p> |

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 |

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. | Full Name (Last, First, Middle Initial) Gene Green Campaign Committee | Transaction ID: 9065842 Date of Disbursement 04 / 06 / 2010 |
| | Mailing Address PO Box 16128 | Amount of Each Disbursement this Period 1500.00 |
| | City Houston State TX Zip Code 77222 | |
| | Purpose of Disbursement check overnighted to Dr. Elbert Coker | 011 Category/ Type |
| | Candidate Name Gene Green | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check overnighted to Dr. Elbert Coker |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Randy Hultgren For Congress | Transaction ID: 9068764 Date of Disbursement 04 / 08 / 2010 |
| | Mailing Address P.O. Box 39 | Amount of Each Disbursement this Period 2000.00 |
| | City Batavia State IL Zip Code 60510 | |
| | Purpose of Disbursement check sent to Dr. Mark Ploskonka | 011 Category/ Type |
| | Candidate Name Mr. Randy Hultgren | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to Dr. Mark Ploskonka |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Norm Dicks For Congress Committee | Transaction ID: 9068987 Date of Disbursement 04 / 08 / 2010 |
| | Mailing Address PO Box 1663 | Amount of Each Disbursement this Period 1000.00 |
| | City Tacoma State WA Zip Code 98401 | |
| | Purpose of Disbursement check sent overnight to Dave Hemion, WA Dental Assoc | 011 Category/ Type |
| | Candidate Name Norman Dicks | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent overnight to Dave Hemion, WA Dental Assoc |

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

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Our Congress PAC <hr/> Mailing Address PO Box 344 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement check delivered to Dr. Tuck McDonald Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9069026 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 5000.00 |
| | check delivered to Dr. Tuck McDonald |
| | Category/Type 011 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) Tiberi For Congress <hr/> Mailing Address 2021 E Dublin Granville Road Suite 2000 <hr/> City Columbus State OH Zip Code 43229 <hr/> Purpose of Disbursement check delivered during WLC Candidate Name Rep. Patrick J. Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9071941 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 2000.00 |
| | check delivered during WLC |
| | Category/Type 011 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Engel For Congress <hr/> Mailing Address 462 California Road <hr/> City Bronxville State NY Zip Code 10708 <hr/> Purpose of Disbursement check delivered during WLC Candidate Name Rep. Eliot L. Engel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9071942 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 2500.00 |
| | check delivered during WLC |
| | Category/Type 011 |

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy</p> <p>Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement check delivered during WLC</p> <p>Candidate Name Rep. Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9071943 Date of Disbursement 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>check delivered during WLC</p> |
| <p>B. Full Name (Last, First, Middle Initial) Minnick For Congress</p> <p>Mailing Address 8150 W Emerald Street Suite 170</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement check delivered during WLC (Steve Bruce)</p> <p>Candidate Name Rep. Walter Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9071944 Date of Disbursement 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check delivered during WLC (Steve Bruce)</p> |
| <p>C. Full Name (Last, First, Middle Initial) Schock For Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement check delivered during WLC</p> <p>Candidate Name Mr. Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9083834 Date of Disbursement 04 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>check delivered during WLC</p> |

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 |

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. | Full Name (Last, First, Middle Initial) Waring 2010 | Transaction ID: 9083836 Date of Disbursement 04 / 13 / 2010 |
| | Mailing Address 4715 North 32nd Street Suite 107 | Amount of Each Disbursement this Period 2500.00 |
| | City Phoenix State AZ Zip Code 85018 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Mr. James Waring | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Gillibrand For Senate | Transaction ID: 9083840 Date of Disbursement 04 / 13 / 2010 |
| | Mailing Address P.O. Box 15734 | Amount of Each Disbursement this Period 2500.00 |
| | City Washington State DC Zip Code 20003 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Sen. Kirsten Gillibrand | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen | Transaction ID: 9083841 Date of Disbursement 04 / 13 / 2010 |
| | Mailing Address PO Box 326 | Amount of Each Disbursement this Period 1000.00 |
| | City Everett State WA Zip Code 98206 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Rick Larsen | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| 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)

PAGE 28 / 40

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | | | | | | | | | | | | | | | | | | | | |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Lee Terry For Congress | Transaction ID: 9083842 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. Box 540098 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 3 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 1 | 3 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Omaha State NE Zip Code 68154 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement | <table border="1"><tr><td>2000.00</td></tr></table> | 2000.00 | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Rep. Lee Terry | <table border="1"><tr><td>011</td></tr></table> Category/Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Georgians For Isakson | Transaction ID: 9083843 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address Post Office Box 250116 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 3 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 1 | 3 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Atlanta State GA Zip Code 30325 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement | <table border="1"><tr><td>4000.00</td></tr></table> | 4000.00 | | | | | | | | | | | | | | | | | | |
| 4000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Sen. Johnny Isakson | <table border="1"><tr><td>011</td></tr></table> Category/Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Majority Committee PAC | Transaction ID: 9089712 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. BOX 10134 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 9 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 1 | 9 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Bakersfield State CA Zip Code 93389 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement check sent to campaign-Mike Graham attended event | <table border="1"><tr><td>2500.00</td></tr></table> | 2500.00 | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Majority Committee PAC | <table border="1"><tr><td>011</td></tr></table> Category/Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>8500.00</td></tr></table> | 8500.00 |
| 8500.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Mike Thompson For Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement check sent to Dr. Jim Wood</p> <p>Candidate Name Mr. C Michael Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9089713 Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>check sent to Dr. Jim Wood</p> |
| <p>B. Full Name (Last, First, Middle Initial) Halvorson for Congress</p> <p>Mailing Address PO Box 176</p> <p>City Crete State IL Zip Code 60417</p> <p>Purpose of Disbursement check sent to campaign</p> <p>Candidate Name Rep. Debbie Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9089714 Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>check sent to campaign</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends of George Miller</p> <p>Mailing Address PO Box 5864</p> <p>City Concord State CA Zip Code 94524</p> <p>Purpose of Disbursement check sent to Pam Woudstra, CA Dental Assoc</p> <p>Candidate Name George Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9089715 Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>check sent to Pam Woudstra, CA Dental Assoc</p> |

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) John Carney For Congress | Transaction ID: 9090305 Date of Disbursement 04 / 19 / 2010 |
| | Mailing Address PO Box 2162 | |
| | City Wilmington State DE Zip Code 19899 | Amount of Each Disbursement this Period 1500.00 |
| | Purpose of Disbursement check sent to Dr. Tom Conaty | 011 Category/ Type |
| | Candidate Name Mr. John Carney | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to Dr. Tom Conaty |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Frank Guinta for Congress | Transaction ID: 9090306 Date of Disbursement 04 / 19 / 2010 |
| | Mailing Address P.O. Box 877 | |
| | City Manchester State NH Zip Code 03105 | Amount of Each Disbursement this Period 2500.00 |
| | Purpose of Disbursement check sent to campaign | 011 Category/ Type |
| | Candidate Name Mr. Frank Guinta | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to campaign |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Fund for America's Future | Transaction ID: 9090307 Date of Disbursement 04 / 19 / 2010 |
| | Mailing Address PO Box 29576 | |
| | City Washington State DC Zip Code 20017 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement check sent to leadership pac | 011 Category/ Type |
| | Candidate Name Fund for America's Future | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to leadership pac |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5000.00 |
| 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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Vision for Tomorrow Fund | Transaction ID: 9090308 Date of Disbursement |
| | Mailing Address PO Box 3081 | <input type="text" value="04"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Duluth State GA Zip Code 30096 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement check sent to Dr. Marie Schweinebraten | <input type="text" value="5000.00"/> |
| | Candidate Name | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to Dr. Marie Schweinebraten |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) Nita Lowey For Congress | Transaction ID: 9091912 Date of Disbursement |
| | Mailing Address PO Box 271 | <input type="text" value="04"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City White Plains State NY Zip Code 10605 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement check sent to campaign | <input type="text" value="1000.00"/> |
| | Candidate Name Rep. Nita M. Lowey | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to campaign |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) Castor For Congress | Transaction ID: 9091917 Date of Disbursement |
| | Mailing Address 301 West Platt St. #385 | <input type="text" value="04"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Tampa State FL Zip Code 33606 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement check sent to campaign | <input type="text" value="1000.00"/> |
| | Candidate Name Kathy Castor | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to campaign |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="7000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Tim Ryan For Congress</p> <p>Mailing Address 80 F St Nw Suite 804 Suite 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement check sent to campaign</p> <p>Candidate Name Rep. Timothy J. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9091918 Date of Disbursement 04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to campaign</p> |
| <p>B. Full Name (Last, First, Middle Initial) Fund for the Majority</p> <p>Mailing Address 1212 S VICTORY BLVD</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement check sent to Dr. Budd Rubin</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9091944 Date of Disbursement 04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Budd Rubin</p> |
| <p>C. Full Name (Last, First, Middle Initial) Richardson For Congress</p> <p>Mailing Address 1212 S Victory Blvd</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement check sent to campaign</p> <p>Candidate Name Laura Richardson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9091986 Date of Disbursement 04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to campaign</p> |

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)

PAGE 33 / 40

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) Majority Initiative to Keep Electing Republicans (Mike R Fund) Mailing Address PO Box 65796 | Transaction ID: 9091987 Date of Disbursement MM / DD / YYYY 04 / 21 / 2010 | |
| | City Washington State DC Zip Code 20035 Purpose of Disbursement check sent to Dr. Jane Grover Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Amount of Each Disbursement this Period 2500.00 011 Category/Type check sent to Dr. Jane Grover |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address PO Box 1355 | Transaction ID: 9091988 Date of Disbursement MM / DD / YYYY 04 / 21 / 2010 | |
| | City Alexandria State VA Zip Code 22313 Purpose of Disbursement check sent to John Bastey, Maine Dental Association Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Amount of Each Disbursement this Period 5000.00 011 Category/Type check sent to John Bastey, Maine Dental Association |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Cantor For Congress Mailing Address P. O. Box 17813 | Transaction ID: 9091990 Date of Disbursement MM / DD / YYYY 04 / 21 / 2010 | |
| | City Richmond State VA Zip Code 23226 Purpose of Disbursement Void - Cantor For Congress-unable to deliver Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07 | Amount of Each Disbursement this Period -2500.00 011 Category/Type Void - Cantor For Congress-unable to deliver |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement sent to campaign</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9092017 Date of Disbursement 04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>sent to campaign</p> |
| <p>B. Full Name (Last, First, Middle Initial) Demint For Senate Committee Inc</p> <p>Mailing Address PO Box 12425</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement check sent to campaign</p> <p>Candidate Name Sen. James W. DeMint</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9092018 Date of Disbursement 04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to campaign</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends Of Joe Heck</p> <p>Mailing Address PO Box 750114</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement check sent to Robert Talley, Nevada Dental Assoc</p> <p>Candidate Name Mr. Joe Heck</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9092620 Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>check sent to Robert Talley, Nevada Dental Assoc</p> |

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 |

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. | Full Name (Last, First, Middle Initial) Doggett for Congress | Transaction ID: 9092621 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address P.O. Box 5843 | |
| | City Austin State TX Zip Code 78703 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement check sent to campaign-Jennifer Fisher attended event | 011 Category/ Type |
| | Candidate Name Lloyd Doggett | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to campaign-Jennifer Fisher attended event |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Buckeye Liberty PAC | Transaction ID: 9100883 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address | |
| | City Washington State DC Zip Code | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement check sent to Dr. Phil Weisenbarger | 011 Category/ Type |
| | Candidate Name Buckeye Liberty PAC | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to Dr. Phil Weisenbarger |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Portman For Senate Committee | Transaction ID: 9100884 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 8331 Little Harbor Drive | |
| | City Cincinnati State OH Zip Code 45244 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement check sent to campaign | 011 Category/ Type |
| | Candidate Name Mr. Rob Portman | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to campaign |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 12000.00 |
| 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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Doyle for Congress | Transaction ID: 9101127 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 205 Hawthorne Court | Amount of Each Disbursement this Period 2500.00 |
| | City Pittsburgh State PA Zip Code 15221 | |
| | Purpose of Disbursement check sent to Dr. Edmund Effort | 011 Category/ Type |
| | Candidate Name Michael Doyle | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to Dr. Edmund Effort |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Wyden For Senate | Transaction ID: 9101538 Date of Disbursement 04 / 27 / 2010 |
| | Mailing Address 232 Ne 9th Avenue | Amount of Each Disbursement this Period 2000.00 |
| | City Portland State OR Zip Code 97232 | |
| | Purpose of Disbursement check sent to Christina Swartz, OR Dental Assoc | 011 Category/ Type |
| | Candidate Name Sen. Ron Wyden | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to Christina Swartz, OR Dental Assoc |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Denham For Congress | Transaction ID: 9101539 Date of Disbursement 04 / 27 / 2010 |
| | Mailing Address 2150 River Plaza Dr #150 | Amount of Each Disbursement this Period 2500.00 |
| | City Sacramento State CA Zip Code 95833 | |
| | Purpose of Disbursement check sent to Pam Woudstra, CA Dental Assoc | 011 Category/ Type |
| | Candidate Name Mr. Jeff Denham | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to Pam Woudstra, CA Dental Assoc |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| 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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) McCaskill for Missouri Mailing Address PO Box 6771 City St Louis State MO Zip Code 63144 Purpose of Disbursement check sent to Carolyn Stevens, AWF Consulting Candidate Name Claire McCaskill Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9101540 Date of Disbursement 04 / 27 / 2010 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | check sent to Carolyn Stevens, AWF Consulting |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Brady For Congress Mailing Address P.O. Box 8277 City The Woodlands State TX Zip Code 77387 Purpose of Disbursement Check sent to Dr. Kip Saunders Funds Reported On March 20, 2010 Candidate Name Rep. Kevin Brady Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9102998 Date of Disbursement 02 / 25 / 2010 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/ Type 011 |
| | [MEMO ITEM] Check sent to Dr. Kip Saunders Funds Reported On March 20, 2010 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Brady For Congress Mailing Address P.O. Box 8277 City The Woodlands State TX Zip Code 77387 Purpose of Disbursement Check sent to Dr. Kip Saunders Re-designated funds for trans. dated 02/25/2010 Candidate Name Rep. Kevin Brady Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9102999 Date of Disbursement 04 / 28 / 2010 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/ Type 011 |
| | [MEMO ITEM] Check sent to Dr. Kip Saunders Re-designated funds for trans. dated 02/25/2010 |

| | |
|--|---------|
| 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 |

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. | Full Name (Last, First, Middle Initial) Stivers for Congress | Transaction ID: 9103038 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 4679 Winterset Drive | Amount of Each Disbursement this Period 2500.00 |
| | City Columbus State OH Zip Code 43220 | |
| | Purpose of Disbursement check sent to Keith Kerns, Ohio Dental Assoc | 011 Category/ Type |
| | Candidate Name Steve Stivers | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to Keith Kerns, Ohio Dental Assoc |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden | Transaction ID: 9103039 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 18 N. Second Street PO Box 37 PO Box 37 | Amount of Each Disbursement this Period 500.00 |
| | City Saint Clair State PA Zip Code 17970 | |
| | Purpose of Disbursement check sent to Dr. John Reitz | 011 Category/ Type |
| | Candidate Name Rep. Tim Holden | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to Dr. John Re- itz |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Andre Carson For Congress | Transaction ID: 9103040 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address One North Capitol Street #211 | Amount of Each Disbursement this Period 2500.00 |
| | City Indianapolis State IN Zip Code 46204 | |
| | Purpose of Disbursement check sent to Dr. Stephen B. Towns | 011 Category/ Type |
| | Candidate Name Andre Carson | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | check sent to Dr. Stephen B. Towns |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5500.00 |
| 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

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Hoosiers for Hill | Transaction ID: 9103041 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address PO Box 1071 | Amount of Each Disbursement this Period 2500.00 |
| | City Seymour State IN Zip Code 47274 | |
| | Purpose of Disbursement Candidate Name Rep. Baron Hill Category/Type 011 | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 09 | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Blue Dog PAC | Transaction ID: 9103528 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 236 Massachusetts Ave., NE Ste 508 | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20002 | |
| | Purpose of Disbursement check sent directly to PAC Candidate Name Category/Type 011 | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | check sent directly to PAC |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) Steve Austria For Congress | Transaction ID: 9103749 Date of Disbursement 04 / 29 / 2010 |
| | Mailing Address 2537 Obetz Dr | Amount of Each Disbursement this Period 2500.00 |
| | City Beavercreek State OH Zip Code 45434 | |
| | Purpose of Disbursement check sent to Keith Kerns, Ohio Dental Assoc Candidate Name Rep. Steve Austria Category/Type 011 | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 07 | check sent to Keith Kerns, Ohio Dental Assoc |

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional) | 10000.00 |
| TOTAL This Period (last page this line number only) | 106500.00 |

**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)

PAGE 40 / 40

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

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. | Full Name (Last, First, Middle Initial) Citibank 1 | | Transaction ID: 9125487 | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1500 Vermont Ave Nw | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| | City Washington State DC Zip Code 20005 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 3 | 0 | | 2 | 0 | 1 | 0 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 4 | | 3 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| | Purpose of Disbursement | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | <table border="1"> <tr> <td>64.54</td> </tr> </table> | | 64.54 | | | | | | | | | | | | | | | | | | | | |
| 64.54 | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | <table border="1"> <tr> <td>001</td> </tr> </table> | | 001 | | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional) | 64.54 |
| TOTAL This Period (last page this line number only) | 64.54 |