

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="419310.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="471655.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="45120.11"/>	<input type="text" value="675675.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="516775.23"/>	<input type="text" value="1094986.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30603.30"/>	<input type="text" value="608814.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="486171.93"/>	<input type="text" value="486171.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36675.00	139140.00
(ii) Unitemized	7766.00	493932.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44441.00	633072.80
(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)	44441.00	633072.80
12. Transfers From Affiliated/Other Party Committees.....	655.17	39897.83
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	23.94	205.07
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	45120.11	675675.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45120.11	675675.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	853.30	3935.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	853.30	3935.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29750.00	604750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	105.00
(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	105.00
29. Other Disbursements	0.00	24.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30603.30	608814.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30603.30	608814.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44441.00	633072.80
34. Total Contribution Refunds (from Line 28(d))	0.00	105.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44441.00	632967.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	853.30	3935.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	853.30	3935.76

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
<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. Dr Mark H Armfield
Full Name (Last, First, Middle Initial)

Mailing Address 36 Angelina Dr

City Augusta State KS Zip Code 67010-2263

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 08 / 30 / 2015
Transaction ID : A8A4EF6EC494948EA9EA

Amount of Each Receipt this Period 250.00

B. Dr Melodee R Armfield
Full Name (Last, First, Middle Initial)

Mailing Address 36 Angelina Dr

City Augusta State KS Zip Code 67010-2263

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 08 / 30 / 2015
Transaction ID : ADC55CD2DBB2C4BEA972

Amount of Each Receipt this Period 250.00

c. Dr Craig S Armstrong
Full Name (Last, First, Middle Initial)

Mailing Address 1801 Nantucket Dr Ste 780

City Houston State TX Zip Code 77057-2911

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 30 / 2015
Transaction ID : A56997A410CE748D98C5

Amount of Each Receipt this Period 1000.00

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 7 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A. Dr Ensy Ann Atarod
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 Barton Hills Dr
 City Austin State TX Zip Code 78704-4623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 30 / 2015
Transaction ID : A244F9D521B2C42FDA98
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date 250.00

B. Dr Darryl C Baucum
 Full Name (Last, First, Middle Initial)
 Mailing Address 10901 Tornasol Ln Apt 117
 City Austin State TX Zip Code 78739-1986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 04 / 2015
Transaction ID : AE508FB72E6354B59B03
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date 250.00

C. Dr K Jean Beauchamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 2737 Woods Rd
 City Springfield State TN Zip Code 37172-5641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 26 / 2015
Transaction ID : AEE4E58E220334FA4AF0
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date 1000.00

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 8 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Mark E Bronson
Full Name (Last, First, Middle Initial)

Mailing Address 3816 Spring House Ln

City Cincinnati State OH Zip Code 45217-1920

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2015
Transaction ID : AAFCCCE549515748DDA19

Amount of Each Receipt this Period 1000.00

B. Dr Rita Maxine Cammarata
Full Name (Last, First, Middle Initial)

Mailing Address 2175 Dryden Rd

City Houston State TX Zip Code 77030-1207

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 30 / 2015
Transaction ID : A3A4A257E633142FB8D1

Amount of Each Receipt this Period 1000.00

C. Dr Paul W Conrad
Full Name (Last, First, Middle Initial)

Mailing Address 16150 Country Club Dr

City Dumfries State VA Zip Code 22025-1600

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 08 / 28 / 2015
Transaction ID : A371A49D41B524AC7B22

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Ralph A Cooley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1669 White Oak Creek Dr
 City Conroe State TX Zip Code 77304-1340
 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 **08 / 02 / 2015**
Transaction ID : AE53486F058FD472D966
 Amount of Each Receipt this Period **250.00**

B. Dr William Leslie Davenport
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Enterprise Pkwy Ste 100
 901 Enterprise Pkwy
 City Hampton State VA Zip Code 23666
 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 **08 / 28 / 2015**
Transaction ID : AEA7DC2DCFD6244CB9A4
 Amount of Each Receipt this Period **250.00**

C. Dr Larry M Dougherty
 Full Name (Last, First, Middle Initial)
 Mailing Address 8814 Vegas Grande
 City Helotes State TX Zip Code 78023-3778
 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 **08 / 04 / 2015**
Transaction ID : AF96D66FD42FD4DCC984
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr David A Duncan
Full Name (Last, First, Middle Initial)

Mailing Address 6707 Palacio Dr

City Amarillo State TX Zip Code 79109-5029

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 30 / 2015
Transaction ID : **AF7AFB53648C846F8B06**

Amount of Each Receipt this Period
1000.00

B. Dr Loren J Feldner
Full Name (Last, First, Middle Initial)

Mailing Address 13009 S 83rd Ct

City Palos Park State IL Zip Code 60464-2144

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 03 / 2015
Transaction ID : **ABBB8741BD7B04AEA8EB**

Amount of Each Receipt this Period
1000.00

C. Dr John H Garcia
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Bluebird Ave Apt B

City McAllen State TX Zip Code 78504-3498

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 30 / 2015
Transaction ID : **A728F4D634C9347038E2**

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr William H Gerlach
 Full Name (Last, First, Middle Initial)
 Mailing Address 3113 Oak Hollow Dr
 City Plano State TX Zip Code 75093-6349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 30 / 2015
Transaction ID : ABA5ACDFA97624D60836
 Amount of Each Receipt this Period 1000.00

B. Dr Edith Jane Gillette
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Village Downtown Blvd
 City Bozeman State MT Zip Code 59715-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 21 / 2015
Transaction ID : AD0DA73CFC85341C9AB7
 Amount of Each Receipt this Period 1000.00

C. Mr. Robert Grover
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 N Clark St
 City Chicago State IL Zip Code 60610-2857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2015
Transaction ID : A41DDBAC11DF54164B6E
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Jane S Grover
Full Name (Last, First, Middle Initial)

Mailing Address 1122 N Clark St
Apt 2503

City Chicago State IL Zip Code 60610-7887

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

Name of Employer American Dental Association Occupation Director, CAPIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt
08 / 28 / 2015
Transaction ID : A1DCACFCF3487460AB51

Amount of Each Receipt this Period
1000.00

B. Mrs. Jean Harrington
Full Name (Last, First, Middle Initial)

Mailing Address 645 W Thomas St

City Milledgeville State GA Zip Code 31061-2337

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

Name of Employer Dr. John F. Harrington, Jr. Occupation Office Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
08 / 21 / 2015
Transaction ID : AB7C34DC6844B4A95AA4

Amount of Each Receipt this Period
1500.00

C. Dr Robbie W Henwood
Full Name (Last, First, Middle Initial)

Mailing Address 6315 Pickering Dr

City San Antonio State TX Zip Code 78238-2338

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
08 / 30 / 2015
Transaction ID : A98B998740DDD42FF916

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Erich Herbst
Full Name (Last, First, Middle Initial)

Mailing Address 608 Bascom Hill Dr

City Baraboo State WI Zip Code 53913-3205

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 ▼ 300.00

Date of Receipt
08 / 04 / 2015
Transaction ID : **AD4FA18AFBFDD41E4A14**

Amount of Each Receipt this Period
300.00

B. Dr Steven J Hill
Full Name (Last, First, Middle Initial)

Mailing Address 4106 103rd St

City Lubbock State TX Zip Code 79423-5192

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 30 / 2015
Transaction ID : **A2FAF4879B6274CBEA1D**

Amount of Each Receipt this Period
1000.00

C. Dr Jerry Joe Hopson
Full Name (Last, First, Middle Initial)

Mailing Address 220 W Sam Rayburn Dr

City Bonham State TX Zip Code 75418-4326

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
08 / 30 / 2015
Transaction ID : **A003641C5DFF441BE9F2**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A. Dr J Barry Howell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2011 Morrow Ct
 City Urbana State IL Zip Code 61802-8618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 08 / 25 / 2015
Transaction ID : AD513D00768C049929D0
 Amount of Each Receipt this Period
1000.00

B. Dr Ralph L Howell Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Sleepy Ridge Ct
 City Suffolk State VA Zip Code 23435-1357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 08 / 21 / 2015
Transaction ID : A3A7ECDE86A4D4762958
 Amount of Each Receipt this Period
1000.00

C. Dr Hilton Israelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5923 Oakcrest Rd
 City Dallas State TX Zip Code 75248-3850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 08 / 21 / 2015
Transaction ID : ABCB4813138EF4782893
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Frederick J Jaeger
 Full Name (Last, First, Middle Initial)
 Mailing Address 6904 Ramsey Rd
 City Middleton State WI Zip Code 53562-5120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 21 / 2015**
Transaction ID : A0C675485350648A88BA
 Amount of Each Receipt this Period **1000.00**

B. Dr Jonathon R Kimes
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Aspen Dr
 City Austin State TX Zip Code 78737-4592
 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 **08 / 04 / 2015**
Transaction ID : A2BC35CF463C8448F8AA
 Amount of Each Receipt this Period **250.00**

c. Dr Donald Joseph Kne DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 Covington Ln
 City Chagrin Falls State OH Zip Code 44023-6741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt **08 / 09 / 2015**
Transaction ID : ACB6808109DF844838F6
 Amount of Each Receipt this Period **375.00**

SUBTOTAL of Receipts This Page (optional)..... **1625.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr David M Ku
Full Name (Last, First, Middle Initial)
Mailing Address 7417 La Manga Dr
City Dallas State TX Zip Code 75248-3043
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 **08 / 04 / 2015**
Transaction ID : A0151B6C3E3804FF78A0
Amount of Each Receipt this Period **250.00**

B. Dr Irving S Lebovics
Full Name (Last, First, Middle Initial)
Mailing Address 132 N Las Palmas Ave
City Los Angeles State CA Zip Code 90004-1048
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation Dental School Faculty
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 21 / 2015**
Transaction ID : A8813041325A7471B89E
Amount of Each Receipt this Period **1000.00**

C. Dr Jeffrey R Leidy
Full Name (Last, First, Middle Initial)
Mailing Address 1549 Hidden Cv
City Virginia Beach State VA Zip Code 23454-1417
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 **08 / 28 / 2015**
Transaction ID : AAB6260E223B94927B75
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. T WAYNE LEWIS
Full Name (Last, First, Middle Initial)

Mailing Address 611 W Main St

City Jackson State MO Zip Code 63755-1742

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

Name of Employer Self Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 27 / 2015
Transaction ID : **AA5719BF70AB242B9815**

Amount of Each Receipt this Period 50.00

ERMK: Friends Of Roy Blunt

B. Dr Dan P McCauley
Full Name (Last, First, Middle Initial)

Mailing Address 503 Greenhill Park Ave

City Mount Pleasant State TX Zip Code 75455-6753

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 30 / 2015
Transaction ID : **A51C332E625344B5C9BA**

Amount of Each Receipt this Period 1000.00

C. Dr Charles C McGinty
Full Name (Last, First, Middle Initial)

Mailing Address 5059 Mc Clelland Blvd

City Joplin State MO Zip Code 64804-4884

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

Name of Employer Self Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 12 / 2015
Transaction ID : **A4C047399674A49D6832**

Amount of Each Receipt this Period 1000.00

ERMK: Friends Of Roy Blunt

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Dr David M Minahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 19210 63rd Ave NE
 City Kenmore State WA Zip Code 98028-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 21 / 2015**
Transaction ID : A3B487518348A4073B8B
 Amount of Each Receipt this Period **1000.00**

B. Dr Arthur C Morchat
 Full Name (Last, First, Middle Initial)
 Mailing Address 5158 Old Highway 135 N
 City Gladewater State TX Zip Code 75647-6805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 30 / 2015**
Transaction ID : ACE6FE20A47A2405CB29
 Amount of Each Receipt this Period **1000.00**

C. Dr Robert Alexander Neal
 Full Name (Last, First, Middle Initial)
 Mailing Address 10844 Star Meadow Dr
 City Frisco State TX Zip Code 75033-3816
 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 **08 / 30 / 2015**
Transaction ID : A82D51C19692F4AB792E
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Vernon Ralph Nesmith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 9th St
 Ste A
 City State Zip Code
 Wichita Falls TX 76301-4060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : A308F8A12639D4846A7D
 Amount of Each Receipt this Period
250.00

B. Dr Lee P Oneacre
 Full Name (Last, First, Middle Initial)
 Mailing Address 6806 Lakehurst Ave
 City State Zip Code
 Dallas TX 75230-5208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : A4A6FA253EB754D3DB92
 Amount of Each Receipt this Period
1000.00

C. Dr Jacqueline M. Plemons
 Full Name (Last, First, Middle Initial)
 Mailing Address 7923 Glade Hill Ct
 City State Zip Code
 Dallas TX 75218-4510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : A062E8471A44E4826B3F
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 20 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Sarah Tevis Poteet
Full Name (Last, First, Middle Initial)

Mailing Address 6012 Martel Ave

City Dallas State TX Zip Code 75206-5710

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 08 / 30 / 2015
Transaction ID : A77CD1D1F9E6044D0A82

Amount of Each Receipt this Period 250.00

B. Dr Ronald Lee Rhea
Full Name (Last, First, Middle Initial)

Mailing Address 1210 Villmont Ln

City Houston State TX Zip Code 77077-2613

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 30 / 2015
Transaction ID : A92056FE153704A47B04

Amount of Each Receipt this Period 1000.00

C. Dr Matthew Bryson Roberts
Full Name (Last, First, Middle Initial)

Mailing Address 913 E Goliad Ave

City Crockett State TX Zip Code 75835-2226

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 30 / 2015
Transaction ID : AAB231905A49F45AD8C9

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Robert M Tait		Date of Receipt MM / DD / YYYY 08 / 26 / 2015
Mailing Address 5239 SW Raintree Pkwy main st.		Transaction ID : AC5D13C67CCB64DFB86L
City Lees Summit	State MO	Zip Code 64082
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation Dentist	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	ERMK: Friends Of Roy Blunt

Full Name (Last, First, Middle Initial) B. Dr Robert M Tait		Date of Receipt MM / DD / YYYY 08 / 26 / 2015
Mailing Address 5239 SW Raintree Pkwy main st.		Transaction ID : ACC48637F114541AF9B5
City Lees Summit	State MO	Zip Code 64082
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation Dentist	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	ERMK: Friends Of Roy Blunt

Full Name (Last, First, Middle Initial) C. Dr Marcus Brian Tanabe		Date of Receipt MM / DD / YYYY 08 / 25 / 2015
Mailing Address 34 Rivers Edge Dr		Transaction ID : ABC38884357334179B5E
City Grand Forks	State ND	Zip Code 58201-8077
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation Dentist	Amount of Each Receipt this Period 500.00
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).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Marvette Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 4019 Bali Ct

City Woodbridge State VA Zip Code 22192-7634

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 08 / 28 / 2015
Transaction ID : A3E2E2DE943CE4166825

Amount of Each Receipt this Period 250.00

B. Dr Eric J Van Miller
Full Name (Last, First, Middle Initial)

Mailing Address 1725 W Crusade Ln

City Green Bay State WI Zip Code 54313-4316

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 08 / 04 / 2015
Transaction ID : A8DD237B12AA748D3875

Amount of Each Receipt this Period 250.00

C. Dr Gus C Vlahos
Full Name (Last, First, Middle Initial)

Mailing Address 4550 Peak Creek Rd

City Pulaski State VA Zip Code 24301-6962

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 21 / 2015
Transaction ID : A5E1F58783925406CA47

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Karen Alyse Walters
 Full Name (Last, First, Middle Initial)
 Mailing Address 3630 Maroneal St
 City Houston State TX Zip Code 77025-1325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 30 / 2015
Transaction ID : A6491519BB2F34ED3B21
 Amount of Each Receipt this Period 1000.00

B. Dr William Michael Walton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1809 Castle Dr
 City Clyde State TX Zip Code 79510-3435
 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 08 / 30 / 2015
Transaction ID : AF274B4B6BD9A46F8937
 Amount of Each Receipt this Period 250.00

C. ROBERT D White
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 319
 City Wimberley State TX Zip Code 78676-0319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 30 / 2015
Transaction ID : AF55434BD6D974688A48
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 24 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Debrah Jean Worsham

Mailing Address 2204 FM 2428

City State Zip Code
Joaquin TX 75954-3903

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

Name of Employer Occupation
self-employed Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2015

Transaction ID : A3A7117F5F9484D0F805

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	36675.00

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

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

FOR LINE NUMBER: PAGE 25 OF 33
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15			

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

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

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853-3749

FEC ID number of contributing federal political committee. **C** C00005751

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25712.83

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : AE52AFE82CD7F4CB4A4E

Amount of Each Receipt this Period
655.17

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	655.17
TOTAL This Period (last page this line number only).....▶	655.17

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

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

FOR LINE NUMBER: PAGE 26 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Citibank 1
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Vermont Ave NW
 City Washington State DC Zip Code 20005-3754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 205.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : AF879EBF15D6D4D9F979
 Amount of Each Receipt this Period
 23.94

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	23.94
TOTAL This Period (last page this line number only).....▶	23.94

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement
service charges\credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : B91532C982C12476FB7E

Amount of Each Disbursement this Period

853.30

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

853.30

853.30

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Earl Blumenauer

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OR District: 03

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : BD52DFD71DA2D41B881B

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COMMON Values PAC

Mailing Address 901 N. Washington Street
Suite 102

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼
State: District: Other2015

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : B5F3AD160B097471CA77

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Joe Courtney

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CT District: 02

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : BD630449B4BB8462B890

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Culberson For Congress

Mailing Address P.O. Box 41964

City Houston State TX Zip Code 77241

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. John A. Culberson

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 07

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : B2712BFFB3C4A4D1CB57

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
ERMK 'T WAYNE LEWIS'

Candidate Name
Sen. Roy D. Blunt

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼
State: MO District: OTHER

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : B4961C3513FC04DBBBD6

Amount of Each Disbursement this Period

50.00

Category/
Type

ERMK 'T WAYNE LEWIS'. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
ERMK: Charles McGinty

Candidate Name
Sen. Roy D. Blunt

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼
State: MO District: OTHER

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : B1BF9E3FB04F94367869

Amount of Each Disbursement this Period

1000.00

Category/
Type

ERMK: Charles McGinty. transmitted by check/EFT

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

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

2050.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
ERMK 'Robert Tait'

Candidate Name
Sen. Roy D. Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **OTHER**

State: MO District:

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : BCCDC7F82519C477584D

Amount of Each Disbursement this Period

100.00

ERMK 'Robert Tait'. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
ERMK 'Robert Tait'

Candidate Name
Sen. Roy D. Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **OTHER**

State: MO District:

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : B46CC621579BD4037876

Amount of Each Disbursement this Period

100.00

ERMK 'Robert Tait'. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
ERMK 'Charles McGinty'

Candidate Name
Sen. Roy D. Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **OTHER**

State: MO District:

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2015

Transaction ID : BDAFC63FA8FD042C6AA2

Amount of Each Disbursement this Period

1000.00

ERMK 'Charles McGinty'. transmitted by check/EFT

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

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

1200.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Gallego For Arizona

Mailing Address PO Box 1710

City Phoenix State AZ Zip Code 85001-1710

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Ruben Gallego

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AZ District: 07

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **BD62DF4147CB345F1844**

Amount of Each Disbursement this Period

2000.00

B. Garret Graves For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 64845

City Baton Rouge State LA Zip Code 70896

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Garret N. Graves

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: LA District: 06

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **BB0EE024E981343A49BB**

Amount of Each Disbursement this Period

1000.00

C. Gene Green Campaign Committee

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Gene Green

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 29

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : **B4CA55230C26546588DA**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Hurd For Congress

Mailing Address PO Box 656

City Helotes State TX Zip Code 78023

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Will Hurd

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

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2015

Transaction ID : **BD04B61C7173F4A4DB3E**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285-5879

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Kyrsten Sinema

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **BB1B1AA21807C414284A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701-0327

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Mark Pocan

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2015

Transaction ID : **BA35A3F0664E141D7B75**

Amount of Each Disbursement this Period

5000.00

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Mccollum For Congress

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Betty McCollum

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2015

Transaction ID : BBA4B9E9A1573453FB93

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tallatchee Creek PAC

Mailing Address PO Box 29576

City Washington State DC Zip Code 20017-0776

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2015

Transaction ID : B6CD3595C8A00452F8E3

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Henry R. Cuellar

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : B70E21C5805BE4EEB990

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

29750.00
