



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2018"/>		754150.21
(b) Cash on Hand at Beginning of Reporting Period.....	807262.60	
(c) Total Receipts (from Line 19) .....	144712.97	342737.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	951975.57	1096887.41
7. Total Disbursements (from Line 31).....	93732.68	238644.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	858242.89	858242.89
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	3789.61	16009.61
(ii) Unitemized .....	140893.69	326666.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	144683.30	342676.44
(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) .....	144683.30	342676.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	29.67	60.76
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)).....▶	144712.97	342737.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	144712.97	342737.20

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	157.68	764.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	157.68	764.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	92600.00	236900.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	975.00	980.00
(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)).....	975.00	980.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	93732.68	238644.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93732.68	238644.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	144683.30	342676.44
34. Total Contribution Refunds (from Line 28(d)) .....	975.00	980.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	143708.30	341696.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	157.68	764.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	157.68	764.52

**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 27
<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. Buyer, Diane, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8343 Union Chapel Rd

City Indianapolis	State IN	Zip Code 46240-2418
----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	16	/	2018

**Transaction ID : A7CDF3B1AAA7A41F7A0E**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Casper-Klock, Theresa, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 William Street  
Ste 1

City Auburn	State NY	Zip Code 13021-3730
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	26	/	2018

**Transaction ID : A3FB0BD855419490BAA7**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Freedberg, Margo, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 475 Morris Ave  
Suite B

City Springfield	State NJ	Zip Code 07081
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Oral and Maxillofacial Surgeon
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	13	/	2018

**Transaction ID : A28387BF9302D468F8F6**

Amount of Each Receipt this Period  
100.00

Memo Item  
ERMK: Van Drew for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Kalarickal, Zacharias, J, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 Amberside Way  
 City Wesley Chapel State FL Zip Code 33544-8716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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  
 02 / 16 / 2018  
**Transaction ID : A7048714D9DA04B7A822**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Larin, Lilia, , Dr., DDS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 Carvalos Dr  
 City Chula Vista State CA Zip Code 91910-5030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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  
 02 / 28 / 2018  
**Transaction ID : A1948827922154D2CA39**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Nelson, Jon, Gregory, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 418 23rd Ave E  
 City Superior State WI Zip Code 54880-3707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) 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  
 02 / 26 / 2018  
**Transaction ID : AE3DEDD4526954FE4905**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 27
<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. Oskoui, Malekshah, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5008 N Mary Martin Dr

City Appleton	State WI	Zip Code 54913-8061
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
02		26		2018

**Transaction ID : A3BA1E7FFEFFD45F3BCE**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Peterson, Steven, D, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5536 Lake Mendota Dr

City Madison	State WI	Zip Code 53705-1247
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
02		28		2018

**Transaction ID : A9A10032043A54B9DB2B**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Raimann, Thomas, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 322 E Wilbur Ave

City Milwaukee	State WI	Zip Code 53207-3342
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
02		26		2018

**Transaction ID : AC3EE84C9B87643A4885**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 27
<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. Stoll, Steven, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1525 Rue Reynard St

City Menasha	State WI	Zip Code 54952-2946
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
02	/	27	/	2018

**Transaction ID : A565409C5B7E94065B19**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Teduits, Eric, Anthony, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5653 Ashbourne Ln

City Fitchburg	State WI	Zip Code 53711-6966
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
02	/	26	/	2018

**Transaction ID : AFBF146D109EF4202B05**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Terry, Beatriz, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1037 S Alhambra Cir

City Coral Gables	State FL	Zip Code 33146-3701
----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Periodontist
--	---

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
02	/	06	/	2018

**Transaction ID : A36DF04A316474A02A82**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 27
	<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

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. Vigna, Edward, John, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21589 Cloverleaf Pl

City Nemo	State SD	Zip Code 57759-7500
--------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **379.22**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2018

**Transaction ID : AB744E2BBC7794210B02**

Amount of Each Receipt this Period  

189.61
--------

 Memo Item

**B. Wiest, Gary, B, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 W 2040 S

City Orem	State UT	Zip Code 84058-7499
--------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
02	/	14	/	2018

**Transaction ID : AD49559F4C7A84952B51**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

**C. Wiest, Gary, B, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 W 2040 S

City Orem	State UT	Zip Code 84058-7499
--------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
02	/	26	/	2018

**Transaction ID : ACC257A69525643F2AD5**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>689.61</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3789.61</b>

**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"/> 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**

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  
credit card fees

Candidate Name

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

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
02 / 28 / 2018

FEC Identification Number

C   
**Transaction ID : BBA551CF1A**  
Amount of Each Disbursement this Period  
 109.08

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank 1**

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement  
service charges

Candidate Name

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

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
02 / 28 / 2018

FEC Identification Number

C   
**Transaction ID : B6B5DF54D3**  
Amount of Each Disbursement this Period  
 48.60

Memo Item

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) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

FEC Identification Number

C   
Amount of Each Disbursement this Period

Memo Item

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

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

157.68  
 157.68

**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"/> 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**

Full Name (Last, First, Middle Initial)  
**A. AL OLSZEWSKI FOR US SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	13	/	2018

Mailing Address PO BOX 1596

FEC Identification Number

**C** C00639476

City HELENA State MT Zip Code 59624

**Transaction ID : B1A59513D3I**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution for Federal Candidate

Category/Type

1000.00

Candidate Name

**Olszewski, Albert, David, ,**

Office Sought:  House  
 Senate  
 President  
State: MT District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2018

Mailing Address 499 South Capitol, SW Suite 414

FEC Identification Number

**C**

City Washington State DC Zip Code 20003

**Transaction ID : BC7EB6F466'**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution for Federal Candidate

Category/Type

5000.00

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) Other

Memo Item

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2018

Mailing Address PO Box 538

FEC Identification Number

**C** C00506535

City Wausau State WI Zip Code 54402

**Transaction ID : B7290C3B04**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution for Federal Candidate

Category/Type

1000.00

Candidate Name

**AXPAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. AXPAC**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement  
VOID - Contribution for Federal Candidate

Candidate Name

**AXPAC**

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2018

FEC Identification Number

**C** C00506535

**Transaction ID : B976BF3F94/**  
Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Building Renewal In America Now PAC**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name

**Building Renewal In America Now PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2018

FEC Identification Number

**C** C00589994

**Transaction ID : B49DEEECD5**  
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Castor For Congress**

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name

**Castor, Kathy, A., Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: FL District: 14

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

**C** C00410761

**Transaction ID : B89F4BF949**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5000.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**McMorris Rodgers, Cathy, A., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2018

FEC Identification Number

**C** C00390476

**Transaction ID : BAA2230639**  
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chuck Fleischmann For Congress Committee, Inc.**

Mailing Address P.O. Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Fleischmann, Chuck, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: TN District: 03

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2018

FEC Identification Number

**C** C00461822

**Transaction ID : B173D1394FC**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Congressman Chris Smith**

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619-0184

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Smith, Chris, H., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NJ District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

**C** H8NJ04014

**Transaction ID : B0F48AA34A**  
Amount of Each Disbursement this Period

2500.00

Memo Item

**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"/> 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. CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 12176 CHANCERY STATION CIRCLE

City Reston State VA Zip Code 20190-5803

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  Other

State: District:

Date of Disbursement: 02 / 21 / 2018

FEC Identification Number: C00404392  
Transaction ID : B3671115908  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Cramer For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Cramer, Kevin, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: ND District: 01

Date of Disbursement: 02 / 22 / 2018

FEC Identification Number: C00504704  
Transaction ID : B2F88303FA/  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. David Rouzer For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Rouzer, David, C., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: NC District: 07

Date of Disbursement: 02 / 21 / 2018

FEC Identification Number: C00501643  
Transaction ID : B2D0F9EBE;  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. FRED COSTELLO FOR CONGRESS**

Mailing Address 700 W. GRANADA BLVD.  
STE. 201

City ORMOND BEACH State FL Zip Code 32174

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Costello, Fredrick, William, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: FL District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2018

FEC Identification Number

**C** C00607531

Transaction ID : **B9ABF87057**  
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends For Chris Stewart, Inc.**

Mailing Address 10 West Broadway, Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Stewart, Chris, D., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: UT District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

**C** C00506931

Transaction ID : **BCEF7A5F54**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Grace For New York**

Mailing Address 49-04 43rd Ave

City Woodside State NY Zip Code 11377-4472

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Meng, Grace, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2018

FEC Identification Number

**C** C00516666

Transaction ID : **B6B9B7D4B1**  
Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00



**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. Heartland Values PAC**

Mailing Address PO Box 505

City  
Sioux Falls

State  
SD

Zip Code  
57101-0505

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Heartland Values PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

**C** C00409003

**Transaction ID : BC06AA3A86**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hudson For Congress**

Mailing Address PO Box 5053

City  
Concord

State  
NC

Zip Code  
28027-1500

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Hudson, Richard, L., Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NC District: 08

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

**C** C00504522

**Transaction ID : B518B758172**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hurd For Congress**

Mailing Address PO Box 656

City  
Helotes

State  
TX

Zip Code  
78023

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Hurd, Will, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: TX District: 23

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2018

FEC Identification Number

**C** C00545467

**Transaction ID : B077F53BBA**

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

9000.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. Jaime For Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Herrera Beutler, Jaime, L., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WA District: 03

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2018

FEC Identification Number

**C** C00472704

**Transaction ID : B884E2877A**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JERSEY VALUES PAC**

Mailing Address PO BOX 65322

City WASHINGTON State DC Zip Code 20035

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**JERSEY VALUES PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) Other  
State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2018

FEC Identification Number

**C** C00652164

**Transaction ID : B695D17D78I**  
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kinzinger For Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Kinzinger, Adam, D., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IL District: 16

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2018

FEC Identification Number

**C** C00458877

**Transaction ID : BEDE446DBI**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

**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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. Kirkpatrick For Arizona</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO Box 12011		FEC Identification Number C 000437293 <b>Transaction ID : B88237DD82I</b> Amount of Each Disbursement this Period 2000.00
City Casa Grande	State AZ	Zip Code 85130
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>Kirkpatrick, Ann, L., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Kurt Schrader For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018
Mailing Address PO Box 3314		FEC Identification Number C 000446906 <b>Transaction ID : BAFD0831FD</b> Amount of Each Disbursement this Period 1000.00
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>Schrader, Kurt, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Lone Star Leadership PAC</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2018
Mailing Address PO Box 30844		FEC Identification Number C <b>Transaction ID : B4B86E28BF</b> Amount of Each Disbursement this Period 5000.00
City Bethesda	State MD	Zip Code 20824
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8000.00
<b>TOTAL</b> 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"/> 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**

Full Name (Last, First, Middle Initial)

**A. Majority Committee PAC**

Mailing Address P.O. BOX 10134

City Bakersfield State CA Zip Code 93389-0134

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Majority Committee PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number

C C00428052  
**Transaction ID : BA0249D0BE**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**B. MAST FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3016

City STUART State FL Zip Code 34995

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Mast, Brian, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: FL District: 18

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2018

FEC Identification Number

C C00632257  
**Transaction ID : B2BD6D712A**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**C. MIKE BOST FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1212

City MURPHYSBORO State IL Zip Code 62966

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Bost, Mike, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IL District: 12

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2018

FEC Identification Number

C C00546499  
**Transaction ID : BD0606F624**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

7000.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Rogers, Mike, D., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: AL District: 03

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2018

FEC Identification Number

C C00367862  
**Transaction ID : B619C16997E**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Moolenaar For Congress**

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Moolenaar, John, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  
State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

C C00561530  
**Transaction ID : B3E7243DAA**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. New Pioneers PAC**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**New Pioneers PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: District: Other

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2018

FEC Identification Number

C C00459123  
**Transaction ID : BD4A0CA06I**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

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

4500.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. OWEN HILL FOR CONGRESS**

Mailing Address 212 E MADISON ST

City COLORADO SPRINGS State CO Zip Code 80907

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name

Hill, Owen, , ,

Office Sought:  House  Senate  President  
State: CO District: 05

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

C C00637496

Transaction ID : BCF0A8B7EE

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. POINT PAC, INC.**

Mailing Address PO BOX 420304

City Atlanta State GA Zip Code 30342-0304

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name

POINT PAC, INC.

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) Other

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

C C00632893

Transaction ID : BB7012B103

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RATCLIFFE FOR CONGRESS**

Mailing Address 2931 RIDGE ROAD  
SUITE 101 PMB #217

City Rockwall State TX Zip Code 75032-6684

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name

Ratcliffe, John, L., Rep.,

Office Sought:  House  Senate  President  
State: TX District: 04

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

C C00554113

Transaction ID : B93801EF86

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 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. Rick For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 404 Boston Hollow Rd

City Elizabeth State PA Zip Code 15037-2065

Purpose of Disbursement Contribution for Federal Candidate

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 21 / 2018

FEC Identification Number C

**Transaction ID : B464A96666**

Amount of Each Disbursement this Period 2000.00

Memo Item

**B. Roskam for Congress Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 141 Shelley Lane

City Wheaton State IL Zip Code 60189-7423

Purpose of Disbursement Contribution for Federal Candidate

Candidate Name Roskam, Peter, J., Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IL District: 06

Date of Disbursement 02 / 09 / 2018

FEC Identification Number C C00410969

**Transaction ID : B4AB387A07!**

Amount of Each Disbursement this Period 2500.00

Memo Item

**C. Sawtooth PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 7849 Middy Lane

City Alexandria State VA Zip Code 22306-2723

Purpose of Disbursement Contribution for Federal Candidate

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼ Other

State: District:

Date of Disbursement 02 / 22 / 2018

FEC Identification Number C

**Transaction ID : BFD8BC72C!**

Amount of Each Disbursement this Period 5000.00

Memo Item

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

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

9500.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. SCOTT TAYLOR FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2018

Mailing Address PO BOX 71596

FEC Identification Number

**C** C00608703

**Transaction ID : B155E00F79E**

Amount of Each Disbursement this Period

1000.00

Memo Item

City RICHMOND State VA Zip Code 23255

Purpose of Disbursement  
Contribution for Federal Candidate

Category/Type

Candidate Name  
**Taylor, Scott, W., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: VA District: 02

Full Name (Last, First, Middle Initial)

**B. Stabenow For Us Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2018

Mailing Address P.O. Box 4945

FEC Identification Number

**C** C00344473

**Transaction ID : BB9E327391E**

Amount of Each Disbursement this Period

1000.00

Memo Item

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Contribution for Federal Candidate

Category/Type

Candidate Name  
**Stabenow, Debbie, A., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MI District:

Full Name (Last, First, Middle Initial)

**C. Strategy PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2018

Mailing Address 219 East Washington Avenue, Suite

FEC Identification Number

**C** C00497842

**Transaction ID : BF46A8BB71E**

Amount of Each Disbursement this Period

2500.00

Memo Item

City Oshkosh State WI Zip Code 54901-5005

Purpose of Disbursement  
Contribution for Federal Candidate

Category/Type

Candidate Name  
**Strategy PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District: Other

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

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

4500.00



**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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C00661868 <b>Transaction ID : B7193AA092</b>
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Margo Freedberg		Amount of Each Disbursement this Period 100.00
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		Memo Item <input type="checkbox"/> ERMK: Margo Freedberg. transmitted by check/EFT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>OTHER</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Walberg for Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address 6769 Teachout Road		FEC Identification Number C00390724 <b>Transaction ID : B49D9BD943!</b>
City Tipton	State MI	Zip Code 49287-9807
Purpose of Disbursement Contribution for Federal Candidate		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Walberg, Tim, L., Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 07		

Full Name (Last, First, Middle Initial) <b>C. Wenstrup For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address PO Box 9551		FEC Identification Number C00497818 <b>Transaction ID : B848B2E63A</b>
City Cincinnati	State OH	Zip Code 45209
Purpose of Disbursement Contribution for Federal Candidate		Amount of Each Disbursement this Period 1500.00
Candidate Name <b>Wenstrup, Brad, R., Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>OTHER</b>	
State: OH District: 02		

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

2600.00

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

92600.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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**

Full Name (Last, First, Middle Initial)

**A. Durtsche, Timothy, B, Dr.,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2018

Mailing Address 411 16th St S

FEC Identification Number

C	Transaction ID : <b>B056257DB8</b> Amount of Each Disbursement this Period 250.00
<input type="checkbox"/> Memo Item	

City La Crosse State WI Zip Code 54601-4922

Purpose of Disbursement  
refund of duplicate contribution

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Everson, Kyle, , Dr.,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2018

Mailing Address 1579 Foxfire Ct

FEC Identification Number

C	Transaction ID : <b>B4943529D29</b> Amount of Each Disbursement this Period 50.00
<input type="checkbox"/> Memo Item	

City Waupaca State WI Zip Code 54981-5710

Purpose of Disbursement  
refund of duplicate contribution

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Popelars, Michael, C, Dr.,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2018

Mailing Address 408 Oak St

FEC Identification Number

C	Transaction ID : <b>BD16B93E2/</b> Amount of Each Disbursement this Period 50.00
<input type="checkbox"/> Memo Item	

City Casco State WI Zip Code 54205-9710

Purpose of Disbursement  
Refund

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

350.00
--------

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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**

Full Name (Last, First, Middle Initial) <b>A. Stoll, Steven, J, Dr.,</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018	
Mailing Address 1525 Rue Reynard St		FEC Identification Number C [REDACTED] <b>Transaction ID : BD39CF444E</b> Amount of Each Disbursement this Period [REDACTED] 250.00	
City Menasha	State WI	Zip Code 54952-2946	Category/ Type [REDACTED]
Purpose of Disbursement Refund		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Wiest, Gary, B, Dr.,</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018	
Mailing Address 164 W 2040 S		FEC Identification Number C [REDACTED] <b>Transaction ID : B1D777BF4C</b> Amount of Each Disbursement this Period [REDACTED] 250.00	
City Orem	State UT	Zip Code 84058-7499	Category/ Type [REDACTED]
Purpose of Disbursement Refund		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Wiest, Sharon, , Mrs.,</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2018	
Mailing Address 168 W 800 N		FEC Identification Number C [REDACTED] <b>Transaction ID : B1491D9422</b> Amount of Each Disbursement this Period [REDACTED] 125.00	
City Provo	State UT	Zip Code 84601-1624	Category/ Type [REDACTED]
Purpose of Disbursement Refund		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED] 975.00