

**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

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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

Full Name (Last, First, Middle Initial)

**B. MAST FOR CONGRESS**

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

Full Name (Last, First, Middle Initial)

**C. MIKE BOST FOR CONGRESS COMMITTEE**

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