



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Dr. Lewis Earle, Treasurer
American Dental Political
Action Committee
1111 14th Street, NW, 11th Floor
Washington, DC 20005

SEP 28 1994

Identification Number: C00000729

Reference: November Monthly Report (10/1/93-10/31/93)

Dear Dr. Earle:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee from making a contribution to a national political party in excess of \$15,000 in a calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$15,000. In the best interest of your committee, all refunds should be made within sixty days of the treasurer's receipt of the contribution.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the contributor. In addition, any refunds should be disclosed on schedule A supporting line 15 of the report covering the period during which they are received.

Although the Commission may take further legal action concerning the excessive contribution(s), prompt action in obtaining a refund will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal

Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Jon McBride
Reports Analyst
Reports Analysis Division

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 5 OF 6
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code Bob Matsui for Congress P.O. Box 523024 Springfield, VA 22152	Purpose of Disbursement Candidate Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/24/93	Amount of Each Disbursement This Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Citizens for Sam Farr 300 Capitol Mall, Suite 350 Sacramento, CA 95814	Purpose of Disbursement Candidate Contribution Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Special Elect	Date (month, day, year) 5/25/93	Amount of Each Disbursement This Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Citizens for Sam Farr 300 Capitol Mall, Suite 350 Sacramento, CA 95814	Purpose of Disbursement In-kind Candidate Contribution Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Special Elect.	Date (month, day, year) 5/25/93	Amount of Each Disbursement This Period \$97.09
D. Full Name, Mailing Address and ZIP Code Rick Santorum for Congress P.O. Box 10495 Pittsburgh, PA 15234	Purpose of Disbursement Candidate Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/26/93	Amount of Each Disbursement This Period \$500.00
E. Full Name, Mailing Address and ZIP Code National Republican Cong. Cmte. 320 First Street, S.E. Washington, D.C. 20003	Purpose of Disbursement Member Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/26/93	Amount of Each Disbursement This Period \$10,000.00
F. Full Name, Mailing Address and ZIP Code Dan Burton for Congress P.O. Box 50593 Indianapolis, IN 46250	Purpose of Disbursement Candidate Contribution Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/27/93	Amount of Each Disbursement This Period \$2,000.00
G. Full Name, Mailing Address and ZIP Code Dan Burton for Congress P.O. Box 126 Indianapolis, IN 46236	Purpose of Disbursement Stop payment-lost in mail-check voided Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 5/11/93	Amount of Each Disbursement This Period (\$2,000.00)
H. Full Name, Mailing Address and ZIP Code A Lot of Folks for Pat Williams P.O. Box 1992 Helena, MT 59601	Purpose of Disbursement Check lost in mail-stop payment-check voided Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/11/93	Amount of Each Disbursement This Period (\$2,500.00)
I. Full Name, Mailing Address and ZIP Code Lauch Faircloth for Senate P.O. Box 26585 Raleigh, NC 27611	Purpose of Disbursement Check re-designated & voided and reissued Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/19/93	Amount of Each Disbursement This Period (\$1,000.00)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 5 OF 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (As Filed)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code
National Republican
Congressional Committee
329 First Street, S.E.
Washington, D.C.

Purpose of Disbursement

Committee Contribution

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

3/30/93

Amount of Each
Disbursement This Period

5,000.00

B. Full Name, Mailing Address and ZIP Code
Rick Lehman Campaign Committee
555 New Jersey Ave., N.W.
Washington, D.C. 20001

Purpose of Disbursement

Candidate Contribution

Disbursement for: ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

3/31/93

Amount of Each
Disbursement This Period

500.00

C. Full Name, Mailing Address and ZIP Code
Citizens for Connie Mack for
Congress Committee
P.O. Box A
Fort Myers, FL 33902

Purpose of Disbursement

Check voided—made out to
wrong campaign nameDisbursement for: ☒ Primary ☐ General
☐ Other (specify)Date (month,
day, year)

3/24/93

Amount of Each
Disbursement This Period

(1,000.00)

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

F. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

G. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)Date (month,
day, year)Amount of Each
Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$29,550.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Candidate Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Cmte. To Reelect Susan Molinari 421 First Street, SE Washington, D.C. 20003	Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	10/18/93	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Candidate Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Sam Reidson Reelection Cmte. P.O. Box 1818 Bozrah, CT 06334	Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	10/26/93	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Candidate Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Cmte. to Reelect Harry Johnston PO Box 36 Boynton Beach, FL 33425	Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	10/26/93	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Candidate Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Frank Tejada for Congress 602 W. Malone San Antonio, TX 78225	Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	10/26/93	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Candidates' Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio Congressional Fund/NRCC P.O. Box 1564 Dublin, OH 43017	Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Fund contrib.	10/27/93	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Candidate Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Ron Klink for Congress Cmte. 226 Connor Drive Jeannetta, PA 15644	Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	10/27/93	56.04
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Candidate Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Boy Rowland for Congress Reelection Committee PO Box 2884 Washington, D.C. 20013	Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	10/27/93	73.99
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Candidate Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Ron Packard P.O. Box 1549 Carlsbad, CA 92008	Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	10/27/93	73.58
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Candidate Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Alan Wheat 108 W. Alfred St., #301 Alexandria, VA 22314	Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	10/27/93	500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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