

**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="486171.93"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23009.07"/>	<input type="text" value="698684.77"/>
(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="509181.00"/>	<input type="text" value="1117995.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77823.06"/>	<input type="text" value="686637.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="431357.94"/>	<input type="text" value="431357.94"/>
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).....	17100.00	156240.00
(ii) Unitemized	3441.38	497374.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20541.38	653614.18
(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)	20541.38	653614.18
12. Transfers From Affiliated/Other Party Committees.....	2446.81	42344.64
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.).....	20.88	225.95
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))..... ▶	23009.07	698684.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23009.07	698684.77

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	1110.56	5046.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1110.56	5046.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75050.00	679800.00
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	1662.50	1686.50
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)) ..	77823.06	686637.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77823.06	686637.82

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)	20541.38	653614.18
34. Total Contribution Refunds (from Line 28(d))	0.00	105.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20541.38	653509.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1110.56	5046.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1110.56	5046.32

**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 44
	<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. Dr D Scott Aldinger
Full Name (Last, First, Middle Initial)

Mailing Address 8555 Interchange Rd

City Lehighton State PA Zip Code 18235-5611

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
09 / 08 / 2015
Transaction ID : A9646E3FC1A74458C846

Amount of Each Receipt this Period
250.00

B. Dr Daniel Alleman
Full Name (Last, First, Middle Initial)

Mailing Address 6584 Finley Pl Apt 303

City Boulder State CO Zip Code 80301-5760

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
09 / 14 / 2015
Transaction ID : A54D8E96FD89742AAB87

Amount of Each Receipt this Period
250.00

C. Dr Christopher M Bulnes
Full Name (Last, First, Middle Initial)

Mailing Address 10503 Chamberlain Ct

City Tampa State FL Zip Code 33626-2544

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 ▼ 338.00

Date of Receipt
09 / 28 / 2015
Transaction ID : A90AEF2B5783749869C3

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 7 OF 44
	<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 Edward J Chiera
Full Name (Last, First, Middle Initial)

Mailing Address 2628 Herbert Dr

City State Zip Code
Beloit WI 53511-2148

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
09 / 29 / 2015
Transaction ID : A53211627BC4244588DF

Amount of Each Receipt this Period
250.00

B. Dr David L Clemens
Full Name (Last, First, Middle Initial)

Mailing Address E10191 Pickerel Slough Rd

City State Zip Code
Wisconsin Dells WI 53965-7910

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
09 / 29 / 2015
Transaction ID : A26851CBE08EB4F58B56

Amount of Each Receipt this Period
250.00

C. Dr Paula Sherman Crum
Full Name (Last, First, Middle Initial)

Mailing Address 2456 Ingold Ct

City State Zip Code
Green Bay WI 54313-5676

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 29 / 2015
Transaction ID : A8B8912E8ABA141C4B94

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 44
	<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 H Todd Cubbon
 Full Name (Last, First, Middle Initial)
 Mailing Address 24949 S Woodland Dr
 City State Zip Code
 Crete IL 60417-3447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : A4B407E570F8849EAA6B
 Amount of Each Receipt this Period
500.00

B. Dr Terry A Darden
 Full Name (Last, First, Middle Initial)
 Mailing Address 9239 Heatherdale Dr
 City State Zip Code
 Dallas TX 75243-6331
 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
 09 / 22 / 2015
Transaction ID : A6AAF8A9FB4B2466BA35
 Amount of Each Receipt this Period
250.00

c. Dr Larry DeGroat
 Full Name (Last, First, Middle Initial)
 Mailing Address 13924 Edenderry Dr
 City State Zip Code
 South Lyon MI 48178-9598
 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
 09 / 29 / 2015
Transaction ID : A7D259DB636B142AC95D
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 44
	<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 Nathalie Dube
 Full Name (Last, First, Middle Initial)
 Mailing Address 524 S Fancher St
 Ste C
 City State Zip Code
 Mt Pleasant MI 48858-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : A74D62D28326043DE8F9
 Amount of Each Receipt this Period
500.00

B. Dr Julian H Fair III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 Wagener Trail Rd
 City State Zip Code
 Wagener SC 29164-9124
 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
 09 / 25 / 2015
Transaction ID : AA786C3D3F8184614ADA
 Amount of Each Receipt this Period
1000.00

C. Dr Howard Andrew Hamerink
 Full Name (Last, First, Middle Initial)
 Mailing Address 10306 Normandy Dr
 City State Zip Code
 Plymouth MI 48170-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : A9A04EC6E4E4142C896C
 Amount of Each Receipt this Period
500.00

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 10 OF 44
(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

Full Name (Last, First, Middle Initial)
A. Dr Chris John Hansen

Mailing Address 2541 Valley Dr

City Manitowoc State WI Zip Code 54220-9329

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2015
Transaction ID : AE6AA0FDC13154DA28EB

Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial)
B. Dr Brien V Harvey

Mailing Address 6051 N Paseo Valdear

City Tucson State AZ Zip Code 85750-1098

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 09 / 24 / 2015
Transaction ID : A783E862D129647D7B3C

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)
C. Dr Christopher D Johnson

Mailing Address 3120 Eisenhower St

City Eau Claire State WI Zip Code 54701-6531

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2015
Transaction ID : AFACD48AFBAB94F21976

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 44
<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 Mark M Johnston
 Full Name (Last, First, Middle Initial)
 Mailing Address 3640 Muirfield Dr
 City Lansing State MI Zip Code 48911-1243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 29 / 2015**
Transaction ID : A2362ED76B14649BC90E
 Amount of Each Receipt this Period **500.00**

B. Dr Jeffrey Allen Kahl
 Full Name (Last, First, Middle Initial)
 Mailing Address 8195 Spire Ct
 City Colorado Spgs State CO Zip Code 80919-3829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 12 / 2015**
Transaction ID : AB6CF5EF29F584F33975
 Amount of Each Receipt this Period **500.00**

C. Dr Lisa Ann Lear
 Full Name (Last, First, Middle Initial)
 Mailing Address 6001 E Placita De Las Luces
 City Tucson State AZ Zip Code 85750-1819
 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 **09 / 25 / 2015**
Transaction ID : A89CBA231E7AE408B9F8
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 44
	<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 Paul S Levine
Full Name (Last, First, Middle Initial)

Mailing Address 9310 N Spruce Rd

City Milwaukee State WI Zip Code 53217-1131

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2015
Transaction ID : AD30E731E7DEA4E8FB6E

Amount of Each Receipt this Period 500.00

B. Dr William K Lobb
Full Name (Last, First, Middle Initial)

Mailing Address 1142 Eastern Trl

City Mukwonago State WI Zip Code 53149-1049

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 09 / 29 / 2015
Transaction ID : ADFF2EEBB5A9845EA811

Amount of Each Receipt this Period 250.00

C. Dr Thomas L Ludwig
Full Name (Last, First, Middle Initial)

Mailing Address 3022 Country Club Pkwy

City Harlan State IA Zip Code 51537-2409

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2015
Transaction ID : A41D6318A952A45228CB

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 44
	<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 Martin John Makowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2905 Vineyards Dr
 City Troy State MI Zip Code 48098-6206
 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 **09 / 29 / 2015**
Transaction ID : AC7BC7DDD45914C769E2
 Amount of Each Receipt this Period **1000.00**

B. Mrs. Karen Makowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 39400 Garfield Rd
 City Clinton Township State MI Zip Code 48038-4096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation artist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 29 / 2015**
Transaction ID : A9B63408B489A4B129B1
 Amount of Each Receipt this Period **500.00**

C. Dr William Larain Marble
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Los Robles Way
 City Woodland State CA Zip Code 95695-5229
 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 **09 / 29 / 2015**
Transaction ID : A026E9164BD5C4037AB4
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 44
	<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 Edward L McAllister
Full Name (Last, First, Middle Initial)

Mailing Address 2701 S Winfield Ave

City Joplin State MO Zip Code 64804-1366

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 ▼ 0.00

Date of Receipt 09 / 24 / 2015
Transaction ID : A6C52A79FBAD24A8AAEE

Amount of Each Receipt this Period 500.00

ERMK: Friends Of Roy Blunt

B. Dr Virginia A Merchant
Full Name (Last, First, Middle Initial)

Mailing Address 808 University PI

City Grosse Pointe State MI Zip Code 48230-1263

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 09 / 29 / 2015
Transaction ID : ADBBC7CB403AE4654BE0

Amount of Each Receipt this Period 250.00

C. Dr Alan Boyd Moore
Full Name (Last, First, Middle Initial)

Mailing Address 2911 Medical Arts St Ste 5

City Austin State TX Zip Code 78705-3302

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2015
Transaction ID : ACB0D5E0333DF4A84B05

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 15 OF 44
	(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 Carol Marie Morrow
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 33

City Walsh State CO Zip Code 81090-0033

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
 09 / 12 / 2015

Transaction ID : A252494C50211476A967

Amount of Each Receipt this Period
 250.00

B. Dr John R Moser
Full Name (Last, First, Middle Initial)

Mailing Address 626 E Kilbourn Ave Apt 1608

City Milwaukee State WI Zip Code 53202-3240

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
 09 / 29 / 2015

Transaction ID : AF5FADDB24B0549E18C0

Amount of Each Receipt this Period
 1000.00

C. Dr Rick M Mueller
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 929

City Marshfield State WI Zip Code 54449-0929

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
 09 / 29 / 2015

Transaction ID : AD4E2E483C00E4C62A0E

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: (check only one)	PAGE 16 OF 44
	<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. Merle Nunemaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E Red Bridge Rd
 Ste 120
 City Kansas City State MO Zip Code 64131-4029
 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 **09 / 11 / 2015**
Transaction ID : AE3305F0DAF1E43E4926
 Amount of Each Receipt this Period **50.00**
 ERMK: Friends Of Roy Blunt

B. Dr John M Nusstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 6133 Round Tower Ln
 City Dublin State OH Zip Code 43017-3452
 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 **09 / 30 / 2015**
Transaction ID : AB592610CAEEA41C7AF1
 Amount of Each Receipt this Period **250.00**

C. Dr Gregory Keith Oelfke
 Full Name (Last, First, Middle Initial)
 Mailing Address 82 Greensward Ln
 City Sugar Land State TX Zip Code 77479-2503
 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 **09 / 16 / 2015**
Transaction ID : AB9E3F5FCF1554D99836
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	550.00
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 17 OF 44
	<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 Richard Mark Peppard DDS
Full Name (Last, First, Middle Initial)

Mailing Address 7956 Mesa Trails Cir

City Austin State TX Zip Code 78731-1452

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 ▼ 400.00

Date of Receipt
09 / 30 / 2015
Transaction ID : **A185A084BBEDB4F48BCC**

Amount of Each Receipt this Period
200.00

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

Mailing Address 3220 S State Route 291

City Independence State MO Zip Code 64057-1702

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
09 / 14 / 2015
Transaction ID : **A80AC28AD35464F0DB29**

Amount of Each Receipt this Period
100.00

ERMK: Friends Of Roy Blunt

C. Dr Julio H Rodriguez
Full Name (Last, First, Middle Initial)

Mailing Address N4031 Pine Ct

City Brodhead State WI Zip Code 53520-9655

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
09 / 29 / 2015
Transaction ID : **A857518624DD2409F84E**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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 44
	<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 Lance Vandohrn Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 9709 Grand Oak Dr
 City Austin State TX Zip Code 78750-3803
 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 **09 / 29 / 2015**
Transaction ID : AF9574A03100140BE91B
 Amount of Each Receipt this Period **250.00**

B. Dr Clayton C Shunk
 Full Name (Last, First, Middle Initial)
 Mailing Address 2170 W 14th St
 City Sault S Marie State MI Zip Code 49783-9401
 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 **09 / 25 / 2015**
Transaction ID : AD77F516DBF484EFC889
 Amount of Each Receipt this Period **250.00**

C. Dr Scott L Theurer
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 E 2280 N Apt D
 City Logan State UT Zip Code 84341-6977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 21 / 2015**
Transaction ID : AFC6A7D6639CD4ED8898
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 44
<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. Mrs. Teresa Theurer
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Canterbury Ln
 City Logan State UT Zip Code 84321-6714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 21 / 2015**
Transaction ID : AD338B49107ED4A0FB30
 Amount of Each Receipt this Period **250.00**

B. Dr Robert Tremblay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1271 Creek Pointe Dr
 City Rochester State MI Zip Code 48307-1726
 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 **09 / 29 / 2015**
Transaction ID : ACCE2D1E8B9A048608E3
 Amount of Each Receipt this Period **250.00**

C. Dr Michele Marie Tulak-Gorecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 3191 Hedgewood Ln
 City Rochester Hills State MI Zip Code 48309-4510
 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 **250.00**

Date of Receipt **09 / 29 / 2015**
Transaction ID : AAAB02CFBD4C84AC5AAI
 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: PAGE 20 OF 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Alexa Marie Vitek-Hitchcock

Mailing Address 13681 Cottonwood Dr

City Dewitt State MI Zip Code 48820-9056

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
09 / 29 / 2015
Transaction ID : A401AEB8E7BA54B539C1

Amount of Each Receipt this Period
250.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	17100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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 Sacramento State CA Zip Code 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 ▼
26409.64

Date of Receipt
09 / 30 / 2015
Transaction ID : AAEC0D3E44FD4C44A59

Amount of Each Receipt this Period
696.81

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

Mailing Address One Dental Plaza PO Box 6020

City North Brunswick State NJ Zip Code 08902-4313

FEC ID number of contributing federal political committee. **C** C00326918

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2830.00

Date of Receipt
09 / 18 / 2015
Transaction ID : A1755F53FD90947B482C

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
c. North Carolina Dental PAC

Mailing Address 1600 Evans Road

City Cary State NC Zip Code 27513

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
09 / 25 / 2015
Transaction ID : A4EA58FAB1AFC4B198C9

Amount of Each Receipt this Period
1700.00

SUBTOTAL of Receipts This Page (optional).....	2446.81
TOTAL This Period (last page this line number only).....	2446.81

**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 44
<input 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 checked="" type="checkbox"/> 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 ▼ **275.95**

Date of Receipt

09 / 30 / 2015

Transaction ID : ABAE7AC15A2ED4E3FA7I

Amount of Each Receipt this Period **20.88**

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.88
TOTAL This Period (last page this line number only).....▶	20.88

**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
09 / 30 / 2015

Transaction ID : BE0169541C16D4739AE4

Amount of Each Disbursement this Period

1110.56

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)..... ▶

1110.56

1110.56

**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. AT THE TABLE!

Mailing Address PO BOX 650496

City Fresh Meadows State NY Zip Code 11365-0496

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) **Other2015**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : **BE6E475B9930B41458A1**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. 21st Century Majority Fund

Mailing Address 6065 Roswell Road, #2274
Box 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) **Other2015**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : **BE1460B226AD8495A985**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. 21st Century Majority Fund

Mailing Address 6065 Roswell Road, #2274
Box 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
VOID - Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) **Other2015**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : **BF273AB24D88F41BAB57**

Amount of Each Disbursement this Period

-2500.00

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"/> 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. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Austin Scott

Office Sought: House
 Senate
 President
State: GA District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : BDCFF1E0B38694D70981

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Gus M. Bilirakis

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : BDF5C28EFD444493887F

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Bill Flores For Congress

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805-6207

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name

Rep. Bill H. Flores

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : BC10E3F605CD24C7DA5C

Amount of Each Disbursement this Period

-1000.00

Category/
Type

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

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

1000.00

**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. Bill Flores For Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805-6207

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Bill H. Flores

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **B0263CE35F62F438EAAA**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bill Flores For Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805-6207

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Bill H. Flores

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **B4A053F570C674B3EA8B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City State Zip Code
Savannah GA 31401

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Buddy Carter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : **BEA35909416914A9BA1D**

Amount of Each Disbursement this Period

2000.00

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. Clarke For Congress

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name
Rep. Yvette D. Clarke

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 09

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **B97EA458B50B344DAB4C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Clarke For Congress

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Yvette D. Clarke

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 09

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **B2C33D669D00C47D2A31**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Clarke For Congress

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Yvette D. Clarke

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 09

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **B1A946C51058641D88FB**

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

1000.00

**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. Committee for Leadership and Progress

Mailing Address PO Box 31107

City State Zip Code
Bethesda MD 20824-1107

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Other2015**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : BDC0F76CBC0A6448AAC1

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. David Rouzer For Congress

Mailing Address PO Box 2267

City State Zip Code
Smithfield NC 27577

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. David C. Rouzer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **▼**

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : B7E6112F680074472A9D

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Debbie Dingell For Congress

Mailing Address PO Box 746

City State Zip Code
Dearborn MI 48121

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Deborah Insley Dingell

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **▼**

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : B24DB37A01677421F910

Amount of Each Disbursement this Period

1000.00

Category/
Type

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"/> 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. Denny Heck For Congress

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Denny Heck

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : BED3C1E6555B94B3F9C6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Donald Norcross for Congress

Mailing Address 1 Market Street, Unit 522

City Camden State NJ Zip Code 08102

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Donald W. Norcross

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : B8A1D33BF0205406ABAD

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dr Brian Babin For Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979-0159

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Brian Babin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : B287A9534A93749AB8E3

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Families For James Lankford

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. James P. Lankford

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

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : **B390E07AFD7C440C28FA**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City Morristown State NJ Zip Code 07960

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Rodney P. Frelinghuysen

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 11

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : **B473326D2E54343D78AA**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. 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 to Federal Candidate

Candidate Name
Rep. Chris D. Stewart

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

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : **B58F3143909564E2486A**

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

**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: T WAYNE LEWIS

Candidate Name
Sen. Roy D. Blunt

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2015
 Primary General
 Other (specify) OTHER

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : **BB844046A46CA493894E**

Amount of Each Disbursement this Period

50.00

ERMK: T WAYNE LEWIS. 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 'Scott Roberson'

Candidate Name
Sen. Roy D. Blunt

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2015
 Primary General
 Other (specify) OTHER

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **B872E773EDE944A72A54**

Amount of Each Disbursement this Period

100.00

ERMK 'Scott Roberson'. 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: Robert Tait

Candidate Name
Sen. Roy D. Blunt

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2015
 Primary General
 Other (specify) OTHER

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : **BACD81B7C9A5A4E199FA**

Amount of Each Disbursement this Period

100.00

ERMK: Robert Tait. transmitted by check/EFT

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

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

250.00

**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 'Merle Nunemaker'

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
09 / 11 / 2015

Transaction ID : BAD3E9C2311F547A29EF

Amount of Each Disbursement this Period

50.00

ERMK 'Merle Nunemaker'. 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: Merle Nunemaker

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
09 / 14 / 2015

Transaction ID : B7823E60B14E74AED99D

Amount of Each Disbursement this Period

50.00

ERMK: Merle Nunemaker. 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: Edward McAllister, DDS

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
09 / 28 / 2015

Transaction ID : B9E15EBE959B94339A3E

Amount of Each Disbursement this Period

500.00

ERMK: Edward McAllister, DDS. transmitted by check/EFT

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

600.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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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: Scott Roberson

Candidate Name
Sen. Roy D. Blunt

Office Sought: House Senate President

State: MO District:

Disbursement For: 2015
 Primary General Other (specify) OTHER

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : BD4698763A94845F6BD9

Amount of Each Disbursement this Period

100.00

ERMK: Scott Roberson. 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

State: MO District:

Disbursement For: 2015
 Primary General Other (specify) OTHER

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : B964D089711054D72ADA

Amount of Each Disbursement this Period

100.00

ERMK: Robert Tait. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

C. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. Charles E. Schumer

Office Sought: House Senate President

State: NY District:

Disbursement For: 2016
 Primary General Other (specify) OTHER

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : B156E42280D7147F4AE3

Amount of Each Disbursement this Period

5000.00

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

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

5200.00

**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 Scott Desjarlais

Mailing Address Po. Box 90133

City Nashville State TN Zip Code 37209

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Scott E. DesJarlais

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 04

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : B13DD537684C04FD796C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Graham For Congress

Mailing Address PO Box 310

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Gwendolyn Graham

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

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : B5941D8F1D52F4AEA8C2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Bill Johnson

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

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : B67ADA243F7144315981

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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. KELLY FOR CONGRESS

Mailing Address 5221-A CLIFF GOOKIN BLVD

City State Zip Code
Tupelo MS 38801-6781

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : B8E3C75A59F1344CD9B3

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Ken Calvert For Congress Comm.

Mailing Address

City State Zip Code

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Ken S. Calvert

Office Sought: House
 Senate
 President
State: CA District: 42

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : BE0EDE3A880614AFD832

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City State Zip Code
La Crosse WI 54601

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Ron J. Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : B06E1845813344936BB7

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

3000.00

**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. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Kurt Schrader

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : **B91CBE27252D845FFA2F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Loeb sack for Congress

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Dave W. Loeb sack

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : **B18C8C8AE4BB840A9876**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Louise Slaughter Re-Election Comm.

Mailing Address
P.O. BOX 30632

City Rochester State NY Zip Code 14603-0632

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Louise M. Slaughter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : **B10CF032E51854FADBE6**

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)..... ▶

**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. MARK TAKAI FOR CONGRESS

Mailing Address PO BOX 2267

City PEARL CITY State HI Zip Code 96782

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. K. Mark Takai

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: HI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2015

Transaction ID : B2ED41F9F4B214FDBAEF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Mike D. Rogers

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2015

Transaction ID : B0A53A294000248188B3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Patrick L. Meehan Jr.

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2015

Transaction ID : B031F2F5164F142E292C

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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**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. Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Paul D. Tonko

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : B74EDEC4195994652BCA

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. People For Derek Kilmer

Mailing Address PO Box 1574

City Gig Harbor State WA Zip Code 98335

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Derek Kilmer

Office Sought: House
 Senate
 President
State: WA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : B7A63008627704DDFB41

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pineapple PAC

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003-0293

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : B636B7127CB8343B6BD2

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

**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. RATCLIFFE FOR CONGRESS

Mailing Address 2931 RIDGE ROAD
SUITE 101 PMB #217

City Rockwall State TX Zip Code 75032-6684

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. John L. Ratcliffe

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 04

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : **BCEA64695627A4642B0A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Renee L. Ellmers

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

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : **B1359F545E0C54ACFAD2**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Rob Woodall For Congress

Mailing Address Post Office Box 1871

City Lawrenceville State GA Zip Code 30046

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Rob Woodall III

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

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : **B8D74ABEFF403410B8E1**

Amount of Each Disbursement this Period

3000.00

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

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

6500.00

**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. Robin Kelly For Congress

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Robin L. Kelly

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : B388FA7DF83F44CECB15

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ROSKAM PAC

Mailing Address 1006 Pendleton St.

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
09 / 16 / 2015

Transaction ID : B6416A7505D1E49EDB69

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ryan Costello For Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Ryan A. Costello

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : B27C43D64C56145CC85E

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

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. Scott Rigell For Congress

Mailing Address 915 First Colonial Road
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Scott Rigell

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	5

Transaction ID : BAE76304CB1FF4235982

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Thornberry For Congress Comm.

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name
Rep. Mac Thornberry

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: TX District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : BCF80ABEA051F4ED29C2

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Thornberry For Congress Comm.

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Mac Thornberry

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: TX District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	5

Transaction ID : BC60E975885BC4CABBCT

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

1	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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. Thornberry For Congress Comm.

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Mac Thornberry

Office Sought: House
 Senate
 President
State: TX District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : **B57BBD06476E441FDAC9**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Valadao For Congress

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. David G. Valadao

Office Sought: House
 Senate
 President
State: CA District: 21

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : **BAB167F1769DD40E386A**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Peter F. Welch

Office Sought: House
 Senate
 President
State: VT District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : **B4CD54446E4FD4FE18D7**

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

**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. Young For Iowa, Inc.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. David E. Young

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : B70C22FF34EB943979B1

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

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

C.

Full Name (Last, First, Middle Initial)

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)..... ▶

1000.00

75050.00

**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"/> 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 checked="" 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. Aristotle International

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Payment for erroneous conduit site deposits

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Other2015

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : B2815308FEAE24039832

Amount of Each Disbursement this Period

1662.50

Category/
Type

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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 Y Y

Amount of Each Disbursement this Period

Category/
Type

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

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

1662.50

1662.50