

**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  
Contributions to Federal Candidates

Candidate Name

**Rep. Scott E. Rigell**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2012

**Transaction ID : 10671368**

Amount of Each Disbursement this Period

1500.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

**B. Tallatchee Creek PAC**

Mailing Address PO Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement  
Contributions to Federal PACS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2012

**Transaction ID : 10671369**

Amount of Each Disbursement this Period

5000.00

Contributions to Federal PACS

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

6500.00

137000.00