

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Dental Association Political Action Committee

ADDRESS (number and street) 1111 14th Street, NW
Suite 1100
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00000729
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of []

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr Francis Connor
Signature of Treasurer Electronically Filed by Dr Francis Connor Date 01 20 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only [] [] [] [] [] [] [] [] **FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Dental Association Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 189539.35 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 286771.42 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 57691.00 | 1108258.91 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 344462.42 | 1297798.26 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 177086.15 | 1130421.99 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 167376.27 | 167376.27 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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) | 19854.00 | 246578.70 |
| (ii) Unitemized | 27765.00 | 752420.25 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 47619.00 | 998998.95 |
| (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) | 47619.00 | 998998.95 |
| 12. Transfers From Affiliated/Other Party Committees | 49.00 | 71141.01 |
| 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 | 199.95 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 10000.00 | 37625.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 23.00 | 294.00 |
| 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 Transfer (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)) | 57691.00 | 1108258.91 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 57691.00 | 1108258.91 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared 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..... | 2080.02 | 3663.35 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 2080.02 | 3663.35 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 174606.13 | 1000706.13 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 125358.51 |
| 25. Coordinated Expenditures Made by Party Committees (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 | 0.00 |
| (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 | 0.00 |
| 29. Other Disbursements..... | 400.00 | 694.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 177086.15 | 1130421.99 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 177086.15 | 1130421.99 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 55

| 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) | 47619.00 | 998998.95 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 47619.00 | 998998.95 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 2080.02 | 3663.35 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 199.95 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2080.02 | 3463.40 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 55
(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 |

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.

Full Name (Last, First, Middle Initial)
Dr Jack D Klure

Mailing Address 2965 W Timber Ct

City Eagle State ID Zip Code 83616-4664

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

Name of Employer Self-employed dentist Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 9600396

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Gary L Roberts

Mailing Address 10987 Angelles Cv

City Shreveport State LA Zip Code 71106-8510

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 10 / 15 / 2010

Transaction ID: 9600410

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr Idalia Lastra

Mailing Address 2001 SW 4th Ave

City Miami State FL Zip Code 33129-1302

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 10 / 15 / 2010

Transaction ID: 9600411

Amount of Each Receipt this Period 500.00

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: PAGE 7 / 55
(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

A. Full Name (Last, First, Middle Initial)
Dr Eva Fridy Ackley
Mailing Address 5012 Westshore Dr
City State Zip Code
New Port Richey FL 34652-3042
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 10 / 15 / 2010
Transaction ID: 9600412
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Richard A Stevenson
Mailing Address 14409 Mandarin Rd
City State Zip Code
Jacksonville FL 32223-2543
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 10 / 15 / 2010
Transaction ID: 9600413
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Mari Lynn Stevenson
Mailing Address 6851 Belfort Oaks Place
City State Zip Code
Jacksonville FL 32216-6242
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 9600414
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: PAGE 8 / 55
(check only one)

| | | | |
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| <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 Joseph S Gay

Mailing Address 8 NW 158th St

City State Zip Code
Miami FL 33169-6731

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 / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 9600415

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr Larry DeGroat

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 9600417

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Larry W Nissen

Mailing Address 2424 Willowbrook Rd

City State Zip Code
Merritt Island FL 32952-4143

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

Name of Employer self-employed Occupation
Full Time Practice (>30 Hrs/week)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 9600424

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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 9 / 55
(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

A. Full Name (Last, First, Middle Initial)
Mrs. Carol Nissen

Mailing Address 280 North Sykes Creek Parkway
Suite C

City Merritt Island State FL Zip Code 32953-3491

FEC ID number of contributing federal political committee. C

Name of Employer Dr. Larry W. Nissen Occupation registered nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 15 / 2010

Transaction ID: 9600425

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Norman Vincent Palm

Mailing Address 3030 Bonnell Ave SE

City Grand Rapids State MI Zip Code 49506-3134

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 / D D / Y Y Y Y
10 / 15 / 2010

Transaction ID: 9600427

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Jan Palm

Mailing Address 3030 Bonnell Avenue

City Grand Rapids State MI Zip Code 49506-3134

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 ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
10 / 15 / 2010

Transaction ID: 9600428

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: PAGE 10 / 55
(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

A. Full Name (Last, First, Middle Initial)
Dr Frederic C Sterritt

Mailing Address 464 S Horizon Way

City State Zip Code
Branchburg NJ 08853-4026

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

Name of Employer self-employed Occupation
self-employed Full Time Practice (>30 Hrs/week)

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 9600430

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Darlene Sterritt

Mailing Address 2139 Us Highway 206

City State Zip Code
Belle Mead NJ 08502-4032

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

Name of Employer self-employed Occupation
self-employed homemaker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 9600431

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Reneida Reyes

Mailing Address 104 Park Pl

City State Zip Code
Brooklyn NY 11217-3303

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

Name of Employer self-employed Occupation
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 9600433

Amount of Each Receipt this Period
500.00

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: PAGE 11 / 55
(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 Stephen T M Quarcoo

Mailing Address 104 Park Pl

City State Zip Code
Brooklyn NY 11217-3303

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: 10 / 15 / 2010
Transaction ID: 9600443
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr Ralph West Ryser

Mailing Address 6287 S. Redwood Road

City State Zip Code
Salt Lake City UT 84123-6634

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: 10 / 15 / 2010
Transaction ID: 9600446
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Dr James William Mc Daniel

Mailing Address 1201 Rocky Dell Ln

City State Zip Code
Signal Mountain TN 37377-3371

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: 10 / 15 / 2010
Transaction ID: 9600449
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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 12 / 55
(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 Steven M Erlandson

Mailing Address 2143 26th Ave S

City State Zip Code
Grand Forks ND 58201-6486

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: 10 / 15 / 2010
Transaction ID: 9600461
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Daniel A Bertoch

Mailing Address 4401 Carrollwood Village Drive

City State Zip Code
Tampa FL 33618-8638

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: 10 / 15 / 2010
Transaction ID: 9600467
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr David R Holwager

Mailing Address 707 N Cambridge Rd

City State Zip Code
Cambridge City IN 47327-9493

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: 10 / 15 / 2010
Transaction ID: 9600472
Amount of Each Receipt this Period: 500.00

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: PAGE 13 / 55

(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 Paul S Casamassimo

Mailing Address 2281 Fairfax Rd

City State Zip Code
Columbus OH 43221-4232

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 / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 9600474

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr K Jean Beauchamp

Mailing Address 173 E Glenwood Dr

City State Zip Code
Clarksville TN 37040-3552

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 / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 9600475

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr Michael A Kurkowski

Mailing Address 5835 Saint Albans Ct

City State Zip Code
Shoreview MN 55126-4754

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 / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 9600757

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: PAGE 14 / 55
(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

A. Full Name (Last, First, Middle Initial)
Dr Lee Dale Jess

Mailing Address 30047 Sunny Beach Rd

City State Zip Code
Grand Rapids MN 55744-4897

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: 10 / 14 / 2010
Transaction ID: 9600760
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Mary Jo Jess

Mailing Address 501 S. Pokegan Avenue

City State Zip Code
Grand Rapids MI 55744

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

Name of Employer Dr. Lee Jess Occupation dental assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: 9600761
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Anne Morrison

Mailing Address 2459 N. 148th Street

City State Zip Code
Omaha NE 68116-5101

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

Name of Employer USDA Occupation auditor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: 9600766
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 / 55
(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

A. Full Name (Last, First, Middle Initial)
Dr Scott L Morrison

Mailing Address 2459 N 148th St

City State Zip Code
Omaha NE 68116-5101

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 / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 9600767

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Jenny Zehner

Mailing Address 299 Mountain Top Road

City State Zip Code
Reinholds PA 17569-9078

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

Name of Employer self-employed Occupation
volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 9600768

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Mark J. Feldman

Mailing Address 5 Vanad Dr

City State Zip Code
Roslyn NY 11576-2526

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 / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 9600769

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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 16 / 55
(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

A. Full Name (Last, First, Middle Initial)
Dr Timothy J Flor

Mailing Address 14310 Rice Lake Dr

City State Zip Code
Waseca MN 56093-4644

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 / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 9600770

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Andrew G Vorrasi

Mailing Address 155 Georgian Court Rd

City State Zip Code
Rochester NY 14610-3416

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 / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 9600772

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Susan Vorrasi

Mailing Address 155 Georgian Court Road

City State Zip Code
Rochester NY 14610-3416

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

Name of Employer Dr. Andrew Vorrasi Occupation office manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: 9600773

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: PAGE 17 / 55
(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

A. Full Name (Last, First, Middle Initial)
Dr Mark A Bauman
Mailing Address 157 Lake Ave
City Saratoga Springs State NY Zip Code 12866-2532
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 ▼ 200.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: 9600776
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Dr Mark A Bauman
Mailing Address 157 Lake Ave
City Saratoga Springs State NY Zip Code 12866-2532
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 ▼ 300.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: 9600777
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Dr Wade G Winker
Mailing Address 728 Doylston St
City Leesburg State FL Zip Code 34748-6302
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: 10 / 14 / 2010
Transaction ID: 9600778
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 800.00
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 18 / 55
(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 Kenneth Paul Hermsen

Mailing Address 1509 N 129th Avenue Cir

City State Zip Code
Omaha NE 68154-1072

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 ▼ 449.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: 9608631

Amount of Each Receipt this Period
249.00

B. Full Name (Last, First, Middle Initial)
Dr Rob R Lovell

Mailing Address 536 N Elmwood Ave

City State Zip Code
Traverse City MI 49684-1454

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
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: 9608648

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr John L Carter

Mailing Address 6116 Pinewood Dr

City State Zip Code
Midland MI 48640-1971

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
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 9614156

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1249.00**

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 19 / 55

(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 Mark Edward Lobaugh

Mailing Address S4366 Birnam Ct

City State Zip Code
Baraboo WI 53913-9116

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 9641316

Amount of Each Receipt this Period
205.00

B.

Full Name (Last, First, Middle Initial)

Dr Kenneth J Scholz

Mailing Address W4147 Kiekhaefer Pkwy

City State Zip Code
Fond Du Lac WI 54937-9343

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: 9641323

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)

Dr Chadwick Aaron Johnson

Mailing Address 492 Benjamin Blvd

City State Zip Code
Pleasant Hill IA 50327-2118

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 9647547

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ►

855.00

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 / 55
(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 Edwin D King

Mailing Address 1919 Timber Dr

City Cedar Falls State IA Zip Code 50613-4724

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 ▼ 350.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 9647571

Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Dr Timothy R Kuntz

Mailing Address 31166 Highway 12

City Sioux City State IA Zip Code 51109-9074

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 11 / 19 / 2010

Transaction ID: 9647594

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr Stuart Jay Froum

Mailing Address 245 E 25th St

City New York State NY Zip Code 10010-3001

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 11 / 19 / 2010

Transaction ID: 9647605

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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 21 / 55
(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

A. Full Name (Last, First, Middle Initial)
Dr John S Sottosanti, Jr

Mailing Address 9678 Claiborne Sq

City State Zip Code
La Jolla CA 92037-1152

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
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 9647609

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Steven G Reitan

Mailing Address 11814 N 60th St

City State Zip Code
Scottsdale AZ 85254-4934

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
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 9647614

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Donald Samuel Clem

Mailing Address 5862 Deerfoot Ln

City State Zip Code
Yorba Linda CA 92886-5441

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
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 9647617

Amount of Each Receipt this Period
500.00

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: | | PAGE 22 / 55 | |
| | (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"/> 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 Steven R Daniel | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 4501 Lascassas Pike | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 1 | 1 | / | 1 | 9 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 9647621 | | | | | | | | | | | | | | | | | | | | |
| | Murfreesboro | TN | 37130-6877 | Amount of Each Receipt this Period | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | | C | 500.00 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer self-employed | | Occupation | | | | | | | | | | | | | | | | | | | | | | |
| self-employed | | dentist | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: | | Aggregate Year-to-Date ▼ | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | 500.00 | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 19854.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 55
(check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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 checked="" 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)
Castle Campaign Fund

Mailing Address PO Box 133

City State Zip Code
Wilmington DE 19899

FEC ID number of contributing federal political committee. **C** C00254938

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 9600494

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Buckeye Liberty PAC

Mailing Address 701 8th Street, NW, Suite 500

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00366781

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 9608899

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]
check erroneously deposited by campaign committee
check erroneously deposited by campaign committee

C.

Full Name (Last, First, Middle Initial)
Jim Jordan for Congress

Mailing Address 1709 State Route 560 S

City State Zip Code
Urbana OH 43078

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 9608901

Amount of Each Receipt this Period
5000.00

leadership PAC check erroneously deposited by candidate committee

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 10000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 10000.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|------------------------------|--|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 24 / 55 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <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) Indiana Dental PAC | | Date of Receipt | |
| | Mailing Address PO Box 2467 | | M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0 | |
| | City | State | Zip Code | Transaction ID: 9608642 |
| | Indianapolis | IN | 46206 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | C | 49.00 |
| | Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | 14804.00 | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 49.00 |
| TOTAL This Period (last page this line number only) | ▶ | 49.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 25 / 55 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <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. | Full Name (Last, First, Middle Initial) Citibank 1 | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1500 Vermont Ave Nw | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 3 | 1 | | 2 | 0 | 1 | 0 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 1 | 0 | | 3 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| | City State Zip Code Washington DC 20005 | | Transaction ID: 9615739 | | | | | | | | | | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 23.00 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation | | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 294.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 23.00 |
| TOTAL This Period (last page this line number only) | ▶ | 23.00 |

**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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9576536 Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>B. Full Name (Last, First, Middle Initial) Zack Space For Congress Committee</p> <p>Mailing Address 726 Sixteenth Street Ne</p> <p>City Massillon State OH Zip Code 44646</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Zachary T. Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9576539 Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Schock For Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Aaron Jon Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9576540 Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Hoeven For Senate</p> <p>Mailing Address PO Box 15114</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. John Hoeven</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9576542 Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>B. Full Name (Last, First, Middle Initial) Pete King For Congress Comm.</p> <p>Mailing Address PO Box 1428</p> <p>City Seaford State NY Zip Code 11783</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Peter King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9576546 Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress</p> <p>Mailing Address P.O. Box 1441</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9576547 Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Comm. To Re-Elect Nydia Velazquez | Transaction ID: 9576548 Date of Disbursement |
| | Mailing Address 315 Inspiration Lane | <input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Gaithersburg State MD Zip Code 20878 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution to Federal Candidate | <input type="text" value="0.00"/> |
| | Candidate Name Nydia Velazquez | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Contribution to Federal Candidate |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Comm. To Re-Elect Nydia Velazquez | Transaction ID: 9576553 Date of Disbursement |
| | Mailing Address 315 Inspiration Lane | <input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Gaithersburg State MD Zip Code 20878 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Void - Comm. To Re-Elect Nydia Velazquez--no amount included | <input type="text" value="0.00"/> |
| | Candidate Name Nydia Velazquez | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Void - Comm. To Re-Elect Nydia Velazquez--no amount included |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Comm. To Re-Elect Nydia Velazquez | Transaction ID: 9576554 Date of Disbursement |
| | Mailing Address 315 Inspiration Lane | <input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Gaithersburg State MD Zip Code 20878 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution to Federal Candidate | <input type="text" value="1000.00"/> |
| | Candidate Name Nydia Velazquez | <input type="text" value="011"/> Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Contribution to Federal Candidate |

SUBTOTAL of Disbursements This Page (optional) ►

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Mike Thompson For Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Michael Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9590043</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Blumenthal For Senate</p> <p>Mailing Address 777 Summer Street</p> <p>City Stamford State CT Zip Code 06901</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Mr. Richard Blumenthal</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9590044</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>candidate contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Christopher Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9590045</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>candidate contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Raj Goyle For Congress, Inc.</p> <p>Mailing Address P.O. Box 780971</p> <p>City Wichita State KS Zip Code 67278</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Raj Goyle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9590046 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Capuano For Congress Committee</p> <p>Mailing Address PO Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Michael E. Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9590047 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mchenry For Congress</p> <p>Mailing Address PO Box 1406</p> <p>City Hickory State NC Zip Code 28603</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Patrick Timothy McHenry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9590052 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Lungren For Congress</p> <p>Mailing Address 9321 Silverbend Lane</p> <p>City Elk Grove State CA Zip Code 95624</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Daniel E. Lungren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9590053 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>candidate contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Committee For Peter J. Visclosky</p> <p>Mailing Address PO Box 10003</p> <p>City Merrillville State IN Zip Code 46411</p> <p>Purpose of Disbursement</p> <p>Candidate Name Peter Visclosky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9590063 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Stutzman For Congress</p> <p>Mailing Address 0250 W 600 N</p> <p>City Howe State IN Zip Code 46746</p> <p>Purpose of Disbursement</p> <p>Candidate Name Mr. Marlin Stutzman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010</p> | <p>Transaction ID: 9590212 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) New Pioneers PAC</p> <p>Mailing Address PO Box 1091</p> <p>City hood river State OR Zip Code 97031</p> <p>Purpose of Disbursement leadership PAC contribution</p> <p>Candidate Name New Pioneers PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9590213 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>leadership PAC contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Norm Dicks For Congress</p> <p>Mailing Address PO Box 1663</p> <p>City Tacoma State WA Zip Code 98401</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Norman D. Dicks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9590803 Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Chris Lee For Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Christopher John Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9597349 Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Broun Freedom Fund | Transaction ID: 9597352 Date of Disbursement 10 / 18 / 2010 |
| | Mailing Address 264 N Lumpkin St #202 | Amount of Each Disbursement this Period 5000.00 |
| | City Athens State GA Zip Code 30601 | |
| | Purpose of Disbursement Contribution to Federal Candidate's PAC | 011 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution to Federal Candidate's PAC |
| | State: District: | |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) Charlie Dent For Congress | Transaction ID: 9597353 Date of Disbursement 10 / 18 / 2010 |
| | Mailing Address PO Box 442 | Amount of Each Disbursement this Period 1500.00 |
| | City Allentown State PA Zip Code 18105 | |
| | Purpose of Disbursement Contribution to Federal Candidate | 011 Category/ Type |
| | Candidate Name Rep. Charles W. Dent | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution to Federal Candidate |
| | State: PA District: 15 | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Battle Born PAC | Transaction ID: 9597355 Date of Disbursement 10 / 18 / 2010 |
| | Mailing Address PO Box 370386 | Amount of Each Disbursement this Period 5000.00 |
| | City Las Vegas State NV Zip Code 89137 | |
| | Purpose of Disbursement Contribution to Federal Candidate's PAC | 011 Category/ Type |
| | Candidate Name Battle Born PAC | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution to Federal Candidate's PAC |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 11500.00 |
| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Lou Barletta For Congress</p> <p>Mailing Address P.O. Box 128</p> <p>City Hazleton State PA Zip Code 18201</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Lou Barletta</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9597357 Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>B. Full Name (Last, First, Middle Initial) Karen Bass For Congress</p> <p>Mailing Address 777 S. Figueroa Street Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Ms. Karen Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9597359 Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Charles Boustany, Jr. for Congress</p> <p>Mailing Address 331 Beverly Drive</p> <p>City Lafayette State LA Zip Code 70503</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Charles Boustany</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9599564 Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: (check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Friends Of John Loughlin</p> <p>Mailing Address PO Box 244</p> <p>City Adamsville State RI Zip Code 02801</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. John Loughlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9599588 Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>B. Full Name (Last, First, Middle Initial) Jim Costa For Congress</p> <p>Mailing Address 2037 W Bullard Avenue # 355</p> <p>City Fresno State CA Zip Code 93711</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. James Costa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9599593 Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Gregg Harper For Congress</p> <p>Mailing Address Post Office Box 54344</p> <p>City Pearl State MS Zip Code 39288</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Gregg Harper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9600996 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Scott Murphy For Congress</p> <p>Mailing Address 5 South Side Dr. #224</p> <p>City Clifton Park State NY Zip Code 12065</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Scott M. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9600997 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution to Federal Candidate</p> |
| <p>B. Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism</p> <p>Mailing Address P.O. Box 65314</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Contribution to Federal Candidate's PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9600998 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution to Federal Candidate's PAC</p> |
| <p>C. Full Name (Last, First, Middle Initial) Gary Miller For Congress</p> <p>Mailing Address 721 S. Brea Canyon Road, Suite 7</p> <p>City Diamond Bar State CA Zip Code 91789</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Gary G. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9600999 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution to Federal Candidate</p> |

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9601002 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>B. Full Name (Last, First, Middle Initial) John Carney For Congress</p> <p>Mailing Address PO Box 2162</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. John Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9601008 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Dave Camp For Congress</p> <p>Mailing Address PO Box 423</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name David Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9603321 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) John Salazar For Congress</p> <p>Mailing Address P.O. Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John T. Salazar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9603322 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>B. Full Name (Last, First, Middle Initial) Loebsack for Congress</p> <p>Mailing Address 385 E. College Street</p> <p>City Iowa City State IA Zip Code 52240</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Dave Loebsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9603325 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ciro D. Rodriguez For Congress</p> <p>Mailing Address 363 W. Harding</p> <p>City San Antonio State TX Zip Code 78221</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Ciro Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9603353 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

A. Full Name (Last, First, Middle Initial)
Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Charles A. Gonzalez

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: TX District: 20

Transaction ID: 9603354

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

B. Full Name (Last, First, Middle Initial)
Citizens For John Olver For Congress

Mailing Address P.O. Box 819
PO Box 819

City Amherst State MA Zip Code 01004

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. John Walter Olver

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: MA District: 01

Transaction ID: 9603357

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

C. Full Name (Last, First, Middle Initial)
David Schweikert For Congress

Mailing Address 15749 E El Lago Blvd

City Fountain Hills State AZ Zip Code 85268

Purpose of Disbursement
candidate contribution

Candidate Name
Mr. David Schweikert

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: AZ District: 05

Transaction ID: 9604043

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

2500.00

candidate contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

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

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Kelly For Congress | Transaction ID: 9604044 Date of Disbursement 10 / 25 / 2010 |
| | Mailing Address PO Box 89520 | Amount of Each Disbursement this Period 2000.00 |
| | City Tucson State AZ Zip Code 85752 | |
| | Purpose of Disbursement candidate contribution Candidate Name Mr. Jesse Kelly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 | 011 Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | candidate contribution |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Ruth McClung For Congress | Transaction ID: 9604045 Date of Disbursement 10 / 25 / 2010 |
| | Mailing Address PO Box 40544 | Amount of Each Disbursement this Period 1000.00 |
| | City Tucson State AZ Zip Code 85717 | |
| | Purpose of Disbursement candidate contribution Candidate Name Ms. Ruth McClung Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07 | 011 Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | candidate contribution |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Culberson For Congress | Transaction ID: 9605750 Date of Disbursement 10 / 26 / 2010 |
| | Mailing Address P.O. Box 41964 | Amount of Each Disbursement this Period 1500.00 |
| | City Houston State TX Zip Code 77241 | |
| | Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. John Abney Culberson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 07 | 011 Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution to Federal Candidate |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Daniel Webster For Congress</p> <p>Mailing Address 3400 Old Winter Garden Road</p> <p>City Orlando State FL Zip Code 32805</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. Daniel Webster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9606097 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>B. Full Name (Last, First, Middle Initial) Doggett for Congress</p> <p>Mailing Address P.O. Box 5843</p> <p>City Austin State TX Zip Code 78703</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Lloyd Doggett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9606105 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Richardson For Congress</p> <p>Mailing Address 1212 S Victory Blvd</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Laura Richardson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9606106 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Sue Myrick For Congress</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9606107 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>B. Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Rick Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9606108 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Jim Jordan for Congress</p> <p>Mailing Address 1709 State Route 560 S</p> <p>City Urbana State OH Zip Code 43078</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name James Jordan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9606798 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Invest in a Strong and Secure America PAC</p> <p>Mailing Address PO BOX 3799</p> <p>City Vista State CA Zip Code 92085</p> <p>Purpose of Disbursement Contribution to Federal Candidate's PAC</p> <p>Candidate Name Invest in a Strong and Secure America PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9607366 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate's PAC</p> |
| <p>B. Full Name (Last, First, Middle Initial) Pat Meehan For Congress</p> <p>Mailing Address 50 S. Providence Road PO Box 308</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. Patrick Meehan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9607369 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Andy Harris For Congress</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. Andrew Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9607371 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Au Bon Pain</p> <p>Mailing Address PO Box 55010</p> <p>City Boston State MA Zip Code 02205</p> <p>Purpose of Disbursement In Kind Contribution--Catering for Meet & Greet</p> <p>Candidate Name Mr. Frank Guinta</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9607375 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 106.13</p> <p>011 Category/ Type</p> <p>In Kind Contribution--Catering for Meet & Greet</p> |
| <p>B. Full Name (Last, First, Middle Initial) Robert Hurt For Congress</p> <p>Mailing Address PO Box 2</p> <p>City Chatham State VA Zip Code 24531</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. Robert Hurt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9607509 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Halvorson For Congress</p> <p>Mailing Address PO Box 176</p> <p>City Crete State IL Zip Code 60417</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Deborah L. Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9607510 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3606.13

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Majority Committee PAC</p> <p>Mailing Address P.O. BOX 10134</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement Contribution to Federal Candidate's PAC</p> <p>Candidate Name Majority Committee PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9607643 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate's PAC</p> |
| <p>B. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9607644 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |
| <p>C. Full Name (Last, First, Middle Initial) Bishop For Congress</p> <p>Mailing Address PO Box 909</p> <p>City Columbus State GA Zip Code 31902</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sanford Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9607645 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn | Transaction ID: 9607646 Date of Disbursement 10 / 27 / 2010 |
| | Mailing Address PO Box 12567 | Amount of Each Disbursement this Period 2000.00 |
| | City Columbia State SC Zip Code 29211 | |
| | Purpose of Disbursement Contribution to Federal Candidate | 011 Category/ Type |
| | Candidate Name Rep. James E. Clyburn | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: SC District: 06 | Contribution to Federal Candidate |

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| B. | Full Name (Last, First, Middle Initial) Jim Jordan for Congress | Transaction ID: 9608075 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 1709 State Route 560 S | Amount of Each Disbursement this Period -2500.00 |
| | City Urbana State OH Zip Code 43078 | |
| | Purpose of Disbursement Void - Jim Jordan for Congress-change of decision | 011 Category/ Type |
| | Candidate Name James Jordan | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: OH District: 04 | Void - Jim Jordan for Congress-change of decision |

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|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Colleen for Congress | Transaction ID: 9608344 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 1157 Fort Street | Amount of Each Disbursement this Period 2500.00 |
| | City Honolulu State HI Zip Code 96813 | |
| | Purpose of Disbursement Contribution to Federal Candidate | 011 Category/ Type |
| | Candidate Name Colleen Hanabusa | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: HI District: 02 | Contribution to Federal Candidate |

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| SUBTOTAL of Disbursements This Page (optional) | 2000.00 |
| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Fund for America's Future Mailing Address PO Box 29576 City Washington State DC Zip Code 20017 Purpose of Disbursement Contribution to Federal PAC Candidate Name Fund for America's Future Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 9608345 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 2500.00 Contribution to Federal PAC |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) TACPAC Mailing Address 228 S Washington St Ste 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Contribution to Federal PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 9608346 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 2500.00 Contribution to Federal PAC |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Mark Critz For Congress Committee Mailing Address 551 Main Street Suite 120 City Johnstown State PA Zip Code 15901 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Mr. Mark Critz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 12 | Transaction ID: 9608347 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 1000.00 Contribution to Federal Candidate |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | | |
|----|---|--|---|
| A. | Full Name (Last, First, Middle Initial) TENN PAC <hr/> Mailing Address 228 S. Washington Suite 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution to Federal PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9608349 Date of Disbursement 10 / 28 / 2010 | Amount of Each Disbursement this Period 3000.00 Contribution to Federal PAC |
| B. | Full Name (Last, First, Middle Initial) Scott For Congress Committee <hr/> Mailing Address PO Box 261 <hr/> City Newport News State VA Zip Code 23607 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Robert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 03 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9608350 Date of Disbursement 10 / 28 / 2010 | Amount of Each Disbursement this Period 1000.00 Contribution to Federal Candidate |
| C. | Full Name (Last, First, Middle Initial) Robert Hurt For Congress <hr/> Mailing Address PO Box 2 <hr/> City Chatham State VA Zip Code 24531 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Mr. Robert Hurt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9608351 Date of Disbursement 10 / 28 / 2010 | Amount of Each Disbursement this Period 2500.00 Contribution to Federal Candidate |

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

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|---|--|
| A. Full Name (Last, First, Middle Initial) Pascrell for Congress Mailing Address PO Box 640 City Totowa State NJ Zip Code 07511 Purpose of Disbursement Contribution to Federal Candidate Candidate Name William Pascrell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9608352 Date of Disbursement 10 / 28 / 2010 Amount of Each Disbursement this Period 2500.00 Contribution to Federal Candidate |
| | Category/ Type 011 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy Mailing Address 151 Linden Road City Mineola State NY Zip Code 11501 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9608353 Date of Disbursement 10 / 28 / 2010 Amount of Each Disbursement this Period 2500.00 Contribution to Federal Candidate |
| | Category/ Type 011 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro Mailing Address 12 Trumbull Street City New Haven State CT Zip Code 06511 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Rosa L. DeLauro Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9608497 Date of Disbursement 10 / 29 / 2010 Amount of Each Disbursement this Period 2000.00 Contribution to Federal Candidate |
| | Category/ Type 011 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Courtney For Congress Mailing Address 38 Risley Road City Vernon State CT Zip Code 06066 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Joseph D. Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9608512 Date of Disbursement 10 / 29 / 2010 |
| | Amount of Each Disbursement this Period 2500.00 Contribution to Federal Candidate |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) Martin Heinrich For Congress, Inc. Mailing Address 2118 Central Avenue Se #71 City Albuquerque State NM Zip Code 87106 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Martin Heinrich Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9608592 Date of Disbursement 10 / 29 / 2010 |
| | Amount of Each Disbursement this Period 1000.00 Contribution to Federal Candidate |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Jim Jordan for Congress Mailing Address 1709 State Route 560 S City Urbana State OH Zip Code 43078 Purpose of Disbursement Contribution to Federal Candidate Candidate Name James Jordan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9608611 Date of Disbursement 10 / 29 / 2010 |
| | Amount of Each Disbursement this Period 5000.00 Contribution to Federal Candidate |

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|--|---------|
| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) John S Fund | Transaction ID: 9608870 Date of Disbursement 11 / 01 / 2010 |
| | Mailing Address P.O. Box 853 | Amount of Each Disbursement this Period 1000.00 |
| | City Edwardsville State IL Zip Code 62025 | |
| | Purpose of Disbursement Contribution to Federal PAC Candidate Name John S Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | 011 Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution to Federal PAC |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) Gardner For Congress | Transaction ID: 9608872 Date of Disbursement 11 / 01 / 2010 |
| | Mailing Address PO Box 2408 | Amount of Each Disbursement this Period 5000.00 |
| | City Loveland State CO Zip Code 80539 | |
| | Purpose of Disbursement Contribution to Federal Candidate Candidate Name Cory Gardner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 | 011 Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution to Federal Candidate |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Gardner For Congress | Transaction ID: 9608880 Date of Disbursement 11 / 01 / 2010 |
| | Mailing Address PO Box 2408 | Amount of Each Disbursement this Period -5000.00 |
| | City Loveland State CO Zip Code 80539 | |
| | Purpose of Disbursement Void - Gardner For Congress--print error Candidate Name Cory Gardner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 | 011 Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Void - Gardner For Congress--print error |

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| SUBTOTAL of Disbursements This Page (optional) | 1000.00 |
| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

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|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) John S Fund</p> <p>Mailing Address P.O. Box 853</p> <p>City Edwardsville State IL Zip Code 62025</p> <p>Purpose of Disbursement Void - John S Fund-print error</p> <p>Candidate Name John S Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9608881 Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - John S Fund-print error</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) John S Fund</p> <p>Mailing Address P.O. Box 853</p> <p>City Edwardsville State IL Zip Code 62025</p> <p>Purpose of Disbursement Contribution to Federal PAC</p> <p>Candidate Name John S Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9608882 Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal PAC</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Gardner For Congress</p> <p>Mailing Address PO Box 2408</p> <p>City Loveland State CO Zip Code 80539</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Cory Gardner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9608883 Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

PAGE 53 / 55

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

A. Full Name (Last, First, Middle Initial)
Jim Jordan for Congress

Mailing Address 1709 State Route 560 S

City Urbana State OH Zip Code 43078

Purpose of Disbursement
leadership PAC check erroneously deposited by candidate committee leadership PAC check erroneously d

Candidate Name James Jordan Category/Type 011

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: OH District: 04

Transaction ID: 9608903
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

leadership PAC check erroneously deposited by candidate committee leadership PAC check erroneously d

B. Full Name (Last, First, Middle Initial)
Buckeye Liberty PAC

Mailing Address 701 8th Street, NW, Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution to Federal PAC

Candidate Name Buckeye Liberty PAC Category/Type 011

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

State: District:

Transaction ID: 9643976
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution to Federal PAC

SUBTOTAL of Disbursements This Page (optional)

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)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Citibank 1</p> <p>Mailing Address 1500 Vermont Ave Nw</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Transaction ID: 9615738</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1780.02</p> <p>001 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Citibank 1</p> <p>Mailing Address 1500 Vermont Ave Nw</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement chargeback-credit card company-duplicate processing-no name given</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Transaction ID: 9719447</p> <p>Date of Disbursement 11 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>001 Category/Type</p> <p>chargeback-credit card company-duplicate processing-no name given</p> |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 2080.02 |
| TOTAL This Period (last page this line number only) | 2080.02 |

**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)

PAGE 55 / 55

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

A.

Full Name (Last, First, Middle Initial)

Citibank 2

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement
transfer of anonymous contribution

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 9619894

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

200.00

transfer of anonymous con-
tribution

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00