

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Dental Association Political Action Committee

ADDRESS (number and street) 1111 14th Street, NW Suite 1100 Washington DC 20005-5627

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

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 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2016 through 03 / 31 / 2016

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. Thomas F. Harrison

Signature of Treasurer Dr. Thomas F. Harrison [Electronically Filed] Date 06 / 20 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="567920.69"/>	<input type="text" value="567920.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="829764.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="143652.13"/>	<input type="text" value="563236.12"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="973416.34"/>	<input type="text" value="1131156.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="164342.74"/>	<input type="text" value="322083.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="809073.60"/>	<input type="text" value="809073.60"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**American Dental Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33261.67	65308.33
(ii) Unitemized .....	110357.54	478557.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	143619.21	543866.14
(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) .....	143619.21	543866.14
12. Transfers From Affiliated/Other Party Committees.....	0.00	19265.00
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	23.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	32.92	81.48
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	143652.13	563236.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	143652.13	563236.12

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	312.74	1353.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	312.74	1353.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	163180.00	319880.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	600.00	600.00
(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)).....	600.00	600.00
29. Other Disbursements .....	250.00	250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	164342.74	322083.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	164342.74	322083.21

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	143619.21	543866.14
34. Total Contribution Refunds (from Line 28(d)) .....	600.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	143019.21	543266.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	312.74	1353.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	23.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	312.74	1329.71

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr Leroy B Alford**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Pine Valley Rd SW

City Rome State GA Zip Code 30165-4337

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

Name of Employer Self Occupation Periodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
Transaction ID : **A567C94880CD041E0985**

Amount of Each Receipt this Period 25.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Dr Richard F Andolina Sr**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16

City Arkport State NY Zip Code 14807-0016

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 30 / 2016  
Transaction ID : **A539A121088104613929**

Amount of Each Receipt this Period 250.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**C. Dr Richard F Andolina Sr**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16

City Arkport State NY Zip Code 14807-0016

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 30 / 2016  
Transaction ID : **AB64301DE4F3541AFA87**

Amount of Each Receipt this Period 250.00

Memo Item  
ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr William V Argo Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 262 Country Club Rd

City Macon State GA Zip Code 31210-4718

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2016

**Transaction ID : AF13CAAQBF7774805A15**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 ERMK: Drew Ferguson for Congress

**B. Dr Mark H Armfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 36 Angelina Dr

City Augusta State KS Zip Code 67010-2263

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 Y Y  
 03 / 08 / 2016

**Transaction ID : AACE9B4506A964156B57**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Dr Melodee R Armfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 36 Angelina Dr

City Augusta State KS Zip Code 67010-2263

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 Y Y  
 03 / 08 / 2016

**Transaction ID : AE8B60E3357F148D49EC**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Richard Bastien**

Mailing Address 6599 Lake Pisgah Dr

City Tallahassee State FL Zip Code 32309-2086

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 03 / 09 / 2016  
**Transaction ID : AB17BC236F4E24825B09**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 ERMK: Fred Costello For Congress Committee

Full Name (Last, First, Middle Initial)  
**B. Lou Ann Best**

Mailing Address 500 N Jefferson St

City Albany State GA Zip Code 31701-2355

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 03 / 08 / 2016  
**Transaction ID : ACAF140A655F64DD3885**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 ERMK: Drew Ferguson for Congress

Full Name (Last, First, Middle Initial)  
**C. Dr Janine J Bethea**

Mailing Address 5546 Waterford Green Gln

City Marietta State GA Zip Code 30068-2930

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 03 / 08 / 2016  
**Transaction ID : AABABFE07428E433888A**

Amount of Each Receipt this Period  
 30.00

Memo Item  
 ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> 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 OF 103  
(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. Vinamra Bhasin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Carl Vinson Pkwy  
 City Warner Robins State GA Zip Code 31088-5831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A9444294FD42343BDB2D**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

**B. Michael Binns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 591 cherokee st ne  
 City marietta State GA Zip Code 30060-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : AF162991B05F3489281F**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

**c. Dr Deborah S Bishop**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Buck Island Pt Ste 7-C  
 City Guntersville State AL Zip Code 35976-8416  
 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 ▼ 230.76

Date of Receipt 03 / 07 / 2016  
**Transaction ID : AA422C7E53F004E9D98D**  
 Amount of Each Receipt this Period 76.92  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	526.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Laura Braswell**  
Full Name (Last, First, Middle Initial)

Mailing Address 75 Ponce De Leon Ave NE  
Apt 1003

City Atlanta State GA Zip Code 30308-1997

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

Name of Employer Self Occupation Periodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 22 / 2016  
**Transaction ID : AD5CFD9113A154B708D8**

Amount of Each Receipt this Period  
100.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Dr Michael R Breault**  
Full Name (Last, First, Middle Initial)

Mailing Address 1204 Fernwood Dr

City Schenectady State NY Zip Code 12309-2618

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

Name of Employer self-employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 28 / 2016  
**Transaction ID : A55A5FE43889D43EA913**

Amount of Each Receipt this Period  
1000.00

Memo Item  
ERMK: Paul Gosar For Congress

**C. James Broadfoot**  
Full Name (Last, First, Middle Initial)

Mailing Address 414 Pendleton Pl

City Valdosta State GA Zip Code 31602-2603

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 08 / 2016  
**Transaction ID : AF22D107AF2FF488593F**

Amount of Each Receipt this Period  
175.00

Memo Item  
ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Jonathan Calderon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Terry Dr

City Melbourne State FL Zip Code 32935-6960

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

Name of Employer Satellite Family Dentistry Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : AA7119D3F10AD4ADA98**

Amount of Each Receipt this Period 500.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**B. William Campdli**  
Full Name (Last, First, Middle Initial)

Mailing Address 1818 Warm Springs Rd

City Columbus State GA Zip Code 31904-8029

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

Name of Employer Self Occupation Oral Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : AAA9784F636B74025B8A**

Amount of Each Receipt this Period 100.00

Memo Item  
ERMK: Drew Ferguson for Congress

**C. Frank Caughman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4208 Knollcrest Cir

City Martinez State GA Zip Code 30907-1637

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

Name of Employer Dental College of GA Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : AD624989A9D0C4CC4970**

Amount of Each Receipt this Period 100.00

Memo Item  
ERMK: Drew Ferguson for Congress

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Dana H Chamberlain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 512 E Main St  
 City Marion State VA Zip Code 24354-3320  
 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 **03 / 25 / 2016**  
**Transaction ID : A3B118AFB0CB0468BB86**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Kevin Corry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 990 RAHWAY AVE  
 City UNION State NJ Zip Code 07083-6546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 20 / 2016**  
**Transaction ID : A2E188297A81B4DD5B14**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 ERMK: Fred Costello For Congress Committee

**C. Kevin Corry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 990 RAHWAY AVE  
 City UNION State NJ Zip Code 07083-6546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 20 / 2016**  
**Transaction ID : AA0E691EE264B40B5807**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Dr Mark A Crabtree**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1100 Mulberry Rd  
City Martinsville State VA Zip Code 24112-5220  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A11DF5863D5AB4F33ACE**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr Bernie P Dishler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 137 Mahogany Way  
City Upper Gwynedd State PA Zip Code 19446-5689  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : A184A58FEEF074ABABDC**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
ERMK: Fred Costello For Congress Committee

**C. Dr Bernie P Dishler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 137 Mahogany Way  
City Upper Gwynedd State PA Zip Code 19446-5689  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : AD770688029CA4248B4C**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
ERMK: Drew Ferguson for Congress

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jonathan Dubin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2970 Clairmont Rd NE  
Ste 195

City Brookhaven State GA Zip Code 30329-1634

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : A81DB547CCF194AD682B**

Amount of Each Receipt this Period  
200.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Steven Ellinwood**  
Full Name (Last, First, Middle Initial)

Mailing Address 5725 Maplecrest Rd  
Ste 1

City Fort Wayne State IN Zip Code 46835-4937

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 30 / 2016  
**Transaction ID : AD83284EBE7F9490EA89**

Amount of Each Receipt this Period  
50.00

Memo Item  
ERMK: Dr Brian Babin For Congress

**C. Steven Ellinwood**  
Full Name (Last, First, Middle Initial)

Mailing Address 5725 Maplecrest Rd  
Ste 1

City Fort Wayne State IN Zip Code 46835-4937

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 30 / 2016  
**Transaction ID : A2499CAA71B8348D5B58**

Amount of Each Receipt this Period  
50.00

Memo Item  
ERMK: Fred Costello For Congress Committee

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr Loren J Feldner**  
Full Name (Last, First, Middle Initial)

Mailing Address 13009 S 83rd Ct  
Ste 111

City Palos Park State IL Zip Code 60464-2144

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

Name of Employer self-employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 16 / 2016  
Transaction ID : **AC34EAC3F7FB543FB882**

Amount of Each Receipt this Period  
500.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Dr Thomas Charles Field**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 Woodlake Dr

City Gainesville State GA Zip Code 30506-1701

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

Name of Employer Self Occupation Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 31 / 2016  
Transaction ID : **A8586C7B261DB4B3C842**

Amount of Each Receipt this Period  
100.00

Memo Item  
ERMK: Drew Ferguson for Congress

**C. Dr Samuel Wayne Galstan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4701 Bruce Rd

City Chester State VA Zip Code 23831-4214

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  
03 / 25 / 2016  
Transaction ID : **A8B63AF7F79544537865**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Maurice Garrett**  
Full Name (Last, First, Middle Initial)

Mailing Address 12071 Bricksome Ave  
Ste A

City Baton Rouge State LA Zip Code 70816-2339

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

Name of Employer Self Occupation Periodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 28 / 2016  
Transaction ID : **ABAB2CA1CD9A84B3D8D**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Paul Gosar For Congress

**B. Bill Goldner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Atlantic Blvd  
Apt 405

City Key West State FL Zip Code 33040-5075

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

Name of Employer retired Occupation retired dds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 09 / 2016  
Transaction ID : **A617914B3297C4F9B8CD**

Amount of Each Receipt this Period  
25.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**C. Kenneth Goldstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 355 Tower Rd NE  
Ste 200

City Marietta State GA Zip Code 30060-9413

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

Name of Employer Self Occupation Endodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 31 / 2016  
Transaction ID : **AB20E670523FF4F1F9BE**

Amount of Each Receipt this Period  
50.00

Memo Item  
ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr A. Garrett Gouldin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1497 Lily Loch Way  
 City State Zip Code  
 Great Falls VA 22066-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Dentist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 25 / 2016  
**Transaction ID : A2A3EA254F8D848A2BD3**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. James Granade**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4879 Lavista Rd  
 Ste 100  
 City State Zip Code  
 Tucker GA 30084-8517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Dentist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 03 / 31 / 2016  
**Transaction ID : AA660706DF4B04CF5A41**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

**C. Dr Isaac Samuel Hadley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7428 Standing Boy Rd  
 City State Zip Code  
 Columbus GA 31904-1973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self- employed Retired, dentist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 03 / 08 / 2016  
**Transaction ID : A940F63595DCA41658C9**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Dr Isaac Samuel Hadley**  
Full Name (Last, First, Middle Initial)

Mailing Address 7428 Standing Boy Rd

City Columbus State GA Zip Code 31904-1973

FEC ID number of contributing federal political committee.

Name of Employer self-employed Occupation Retired, dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : A05EB2CDCD51E4466B4F**

Amount of Each Receipt this Period

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Dr Michael Bossert Hagearty**  
Full Name (Last, First, Middle Initial)

Mailing Address 1504 Stratfield Cir NE

City Brookhaven State GA Zip Code 30319-2525

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : A728C71662F454DD5983**

Amount of Each Receipt this Period

Memo Item  
ERMK: Drew Ferguson for Congress

**c. Dr John Floyd Harrington Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 274 Nelson Rd NW

City Milledgeville State GA Zip Code 31061-9787

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : A8EC858C2802747DEA83**

Amount of Each Receipt this Period

Memo Item  
ERMK: Fred Costello For Congress Committee

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr John Floyd Harrington Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 274 Nelson Rd NW

City Milledgeville	State GA	Zip Code 31061-9787
-----------------------	-------------	------------------------

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

Name of Employer Self	Occupation Dentist
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 30 / 2016  
**Transaction ID : A7B494AA2AEF24B88846**

Amount of Each Receipt this Period  
500.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Christopher Hasty**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1295

City Tifton	State GA	Zip Code 31793-1295
----------------	-------------	------------------------

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

Name of Employer Tift Regional Dental Group	Occupation Dentist
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 15 / 2016  
**Transaction ID : A717DA49A017140AA961**

Amount of Each Receipt this Period  
1000.00

Memo Item  
ERMK: Drew Ferguson for Congress

**C. Dr Allison Borden House**  
Full Name (Last, First, Middle Initial)

Mailing Address 10615 N 44th St

City Phoenix	State AZ	Zip Code 85028-3539
-----------------	-------------	------------------------

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

Name of Employer self-employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : AD1643A6C7A0A413BAE5**

Amount of Each Receipt this Period  
50.00

Memo Item  
ERMK: Fred Costello For Congress Committee

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr Allison Borden House**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10615 N 44th St

City Phoenix	State AZ	Zip Code 85028-3539
-----------------	-------------	------------------------

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

Name of Employer self-employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : A2D853448D644478F863**

Amount of Each Receipt this Period  
50.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. J Barry Howell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1209 E Colorado Ave

City Urbana	State IL	Zip Code 61801-6392
----------------	-------------	------------------------

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

Name of Employer Self	Occupation Dentist
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 09 / 2016  
**Transaction ID : A1A087FD8DCD6469680B**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**c. J Barry Howell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1209 E Colorado Ave

City Urbana	State IL	Zip Code 61801-6392
----------------	-------------	------------------------

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

Name of Employer Self	Occupation Dentist
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 09 / 2016  
**Transaction ID : AFCACCD230F2B4A5FBC7**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. J Barry Howell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1209 E Colorado Ave

City Urbana State IL Zip Code 61801-6392

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

Name of Employer Self Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 28 / 2016  
**Transaction ID : A230EC1F516CF4DE7BA4**

Amount of Each Receipt this Period 250.00

Memo Item  
ERMK: Paul Gosar For Congress

**B. Ken Hutchinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1569 Janmar Rd Ste A

City Snellville State GA Zip Code 30078-5780

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

Name of Employer Brookwood Dentistry Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A3AC0A18072B44B919ED**

Amount of Each Receipt this Period 100.00

Memo Item  
ERMK: Drew Ferguson for Congress

**C. Fred Jaaeger**  
Full Name (Last, First, Middle Initial)

Mailing Address 6904 Ramsey Rd

City Middleton State WI Zip Code 53562-5120

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

Name of Employer Self Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 28 / 2016  
**Transaction ID : A5755219D07F64F0493D**

Amount of Each Receipt this Period 250.00

Memo Item  
ERMK: Paul Gosar For Congress

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Michelle Jaques**  
Full Name (Last, First, Middle Initial)

Mailing Address 3275 Lenox Rd NE  
Apt 311

City Atlanta State GA Zip Code 30324-2571

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 31 / 2016  
Transaction ID : **A4F377BDB49C945D6B75**

Amount of Each Receipt this Period  
25.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Dr Mark M Johnston**  
Full Name (Last, First, Middle Initial)

Mailing Address 3640 Muirfield Dr

City Lansing State MI Zip Code 48911-1243

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 30 / 2016  
Transaction ID : **ADBCFD875C01540EBBC0**

Amount of Each Receipt this Period  
50.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**C. Dr Mark M Johnston**  
Full Name (Last, First, Middle Initial)

Mailing Address 3640 Muirfield Dr

City Lansing State MI Zip Code 48911-1243

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 30 / 2016  
Transaction ID : **ACD7976871BD74E3A812**

Amount of Each Receipt this Period  
50.00

Memo Item  
ERMK: Drew Ferguson for Congress

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Kay Kalantari**  
Full Name (Last, First, Middle Initial)

Mailing Address 1350 Wooten Lake Rd NW  
Ste 203

City Kennesaw State GA Zip Code 30144-1346

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : A57A614AF61A74A1BB2B**

Amount of Each Receipt this Period  
500.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Amy Kuhmichel**  
Full Name (Last, First, Middle Initial)

Mailing Address 826 Lake Ave NE

City Atlanta State GA Zip Code 30307-2428

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

Name of Employer Peachtree Dunwoody Oral & Facial Surge Occupation Oral Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 11 / 2016  
**Transaction ID : A9BA5311F5D814D1BBED**

Amount of Each Receipt this Period  
100.00

Memo Item  
ERMK: Drew Ferguson for Congress

**C. Ricky Lane**  
Full Name (Last, First, Middle Initial)

Mailing Address 11066 Bermuda Run Road

City sTATESBORO, State GA Zip Code 30458

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : A09A949ECE71748DEA4D**

Amount of Each Receipt this Period  
100.00

Memo Item  
ERMK: Drew Ferguson for Congress

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ricky Lane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11066 Bermuda Run Road  
City sTATESBORO, State GA Zip Code 30458  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A3B6C194273AA45B08BC**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
ERMK: Drew Ferguson for Congress

**B. Timothy Lane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 609 Maitland Ave Ste 1  
City Altamonte Springs State FL Zip Code 32701-6840  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Timothy M. Lane D.D.S., P.A. Occupation Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : A0CC74082DD0E4D4482E**  
Amount of Each Receipt this Period 500.00  
 Memo Item  
ERMK: Fred Costello For Congress Committee

**C. Irving Lebovics**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8631 W 3rd St Ste 1010E  
City Los Angeles State CA Zip Code 90048-5913  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 28 / 2016  
**Transaction ID : A7B61713759414132BE6**  
Amount of Each Receipt this Period 250.00  
 Memo Item  
ERMK: Paul Gosar For Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Irving Lebovics**  
Full Name (Last, First, Middle Initial)

Mailing Address 8631 W 3rd St  
Ste 1010E

City Los Angeles State CA Zip Code 90048-5913

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 28 / 2016  
Transaction ID : **AC6AD5B7B84B64AE4A5F**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Paul Gosar For Congress

**B. Irving Lebovics**  
Full Name (Last, First, Middle Initial)

Mailing Address 8631 W 3rd St  
Ste 1010E

City Los Angeles State CA Zip Code 90048-5913

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 28 / 2016  
Transaction ID : **AD9A79D6AF98549D69FC**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Paul Gosar For Congress

**C. Dr Elizabeth T Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 3523 Vintage Trl

City Woodstock State GA Zip Code 30189-8148

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

Name of Employer self-employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 31 / 2016  
Transaction ID : **A29E7A9D7E14E4887B5F**

Amount of Each Receipt this Period  
50.00

Memo Item  
ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Dennis Lichorwic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4635 Gulfstarr Dr  
 City Destin State FL Zip Code 32541-5780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : A167285556EE24DF0ADC**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 ERMK: Fred Costello For Congress Committee

**B. Dr S Jerry Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4515 Diamond Springs Dr  
 City Missouri City State TX Zip Code 77459-6323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 27 / 2016  
**Transaction ID : AD75E0F15DC594A9A987**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 ERMK: Dr Brian Babin For Congress

**c. Dr S Jerry Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4515 Diamond Springs Dr  
 City Missouri City State TX Zip Code 77459-6323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 27 / 2016  
**Transaction ID : AD1453DA342844F21AFA**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 ERMK: Dr Brian Babin For Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Dr Grant Q Loo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Pond View Rd  
 City Evans State GA Zip Code 30809-6681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A8E318B15B647461DA15**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

**B. Dr Melanie R Love**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11259 Sommersworth Ct  
 City Potomac Falls State VA Zip Code 20165-5127  
 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 03 / 25 / 2016  
**Transaction ID : A1562C385F2B6434EB4A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr Martin John Makowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 Vineyards Dr  
 City Troy State MI Zip Code 48098-6206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Pediatric Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A434B827A350147E9AB5**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 ERMK: Dr Brian Babin For Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Martin John Makowski**

Full Name (Last, First, Middle Initial)  
Mailing Address 2905 Vineyards Dr

City Troy State MI Zip Code 48098-6206

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

Name of Employer Self Occupation Pediatric Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 03 / 31 / 2016  
**Transaction ID : A3D329958D1EE4D41B93**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 ERMK: Fred Costello For Congress Committee

**B. Dr Martin John Makowski**

Full Name (Last, First, Middle Initial)  
Mailing Address 2905 Vineyards Dr

City Troy State MI Zip Code 48098-6206

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

Name of Employer Self Occupation Pediatric Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 03 / 31 / 2016  
**Transaction ID : AE27B1ECA7BC443E6AFF**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 ERMK: Drew Ferguson for Congress

**C. Dr Martin John Makowski**

Full Name (Last, First, Middle Initial)  
Mailing Address 2905 Vineyards Dr

City Troy State MI Zip Code 48098-6206

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

Name of Employer Self Occupation Pediatric Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 03 / 31 / 2016  
**Transaction ID : AE065AF70A88C4A8E90E**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 ERMK: Paul Gosar For Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Martin John Makowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Vineyards Dr

City Troy State MI Zip Code 48098-6206

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

Name of Employer Self Occupation Pediatric Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A0300ABC23BDC48EBB5/**

Amount of Each Receipt this Period 100.00

Memo Item  
ERMK: Simpson For Congress

**B. Marshall Mann**  
Full Name (Last, First, Middle Initial)

Mailing Address 19C John Maddox Dr NW

City Rome State GA Zip Code 30165-1413

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

Name of Employer Rome Family and Cosmetic Dentistry Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : ABBEB2B6181AC42A8AB6**

Amount of Each Receipt this Period 500.00

Memo Item  
ERMK: Drew Ferguson for Congress

**C. Marshall Mann**  
Full Name (Last, First, Middle Initial)

Mailing Address 19C John Maddox Dr NW

City Rome State GA Zip Code 30165-1413

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

Name of Employer Rome Family and Cosmetic Dentistry Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A0F16714CE2324066BD3**

Amount of Each Receipt this Period 500.00

Memo Item  
ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr James M Maragos**  
Full Name (Last, First, Middle Initial)

Mailing Address 4513 Harvey Ave

City Western Springs State IL Zip Code 60558-1648

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 31 / 2016  
Transaction ID : **ABBAA84BB92304ECBA7**

Amount of Each Receipt this Period  
50.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Dr James M Maragos**  
Full Name (Last, First, Middle Initial)

Mailing Address 4513 Harvey Ave

City Western Springs State IL Zip Code 60558-1648

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 31 / 2016  
Transaction ID : **A5FF9E387A3BF422B8F0**

Amount of Each Receipt this Period  
50.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**C. Wayne Maris**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1009

City Fitzgerald State GA Zip Code 31750-1009

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 31 / 2016  
Transaction ID : **A88F25C2F0D634CC7BFB**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr Raymond K Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 119 Pembroke St  
Apt 3

City Boston State MA Zip Code 02118-1270

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

Name of Employer self-employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 28 / 2016  
**Transaction ID : A36FA84B6D37740FE9EB**

Amount of Each Receipt this Period 250.00

Memo Item  
ERMK: Paul Gosar For Congress

**B. Brittany McCarthy**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 N Harding Rd

City Columbus State OH Zip Code 43209-1583

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : AC5ACC6E82DA44539A4F**

Amount of Each Receipt this Period 250.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**C. Brittany McCarthy**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 N Harding Rd

City Columbus State OH Zip Code 43209-1583

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : A091D55CE239C44E19E1**

Amount of Each Receipt this Period 250.00

Memo Item  
ERMK: Drew Ferguson for Congress

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)  
**A. Michael McCartney**

Mailing Address 101 W 5th St

City Adel State GA Zip Code 31620-2610

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

Name of Employer Adel Dental Associates (self) Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : A9550DA6A854F4ED5BDD**

Amount of Each Receipt this Period  
100.00

Memo Item  
ERMK: Drew Ferguson for Congress

Full Name (Last, First, Middle Initial)  
**B. Dr Lezley Patricia McIlveen**

Mailing Address 1254 Rowland Dr

City Herndon State VA Zip Code 20170-2428

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  
03 / 25 / 2016  
**Transaction ID : AF9043BD05A20435BA53**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Oscar Menendez**

Mailing Address 2682 W Lake Rd

City Palm Harbor State FL Zip Code 34684-3120

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 15 / 2016  
**Transaction ID : AC71AB04737AC40F7B78**

Amount of Each Receipt this Period  
100.00

Memo Item  
ERMK: Fred Costello For Congress Committee

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Raymond G Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 Covington Rd  
 City Buffalo State NY Zip Code 14216-2104  
 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 03 / 10 / 2016  
**Transaction ID : A23C1BF5F0A7B432C910**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr David M Minahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19210 63rd Ave NE  
 City Kenmore State WA Zip Code 98028-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 29 / 2016  
**Transaction ID : A7F1C6DBDFA084F5B809**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 ERMK: Paul Gosar For Congress

**C. John Mooney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 227 Pomfret St  
 City Putnam State CT Zip Code 06260-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northeast CT Dental Associates Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A7B9838C3B3E04904A37**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 ERMK: Fred Costello For Congress Committee

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. John Mooney**  
Full Name (Last, First, Middle Initial)

Mailing Address 227 Pomfret St

City Putnam State CT Zip Code 06260-1835

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

Name of Employer Northeast CT Dental Associates Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
Transaction ID : **A1EF4D294D2C14784B89**

Amount of Each Receipt this Period 50.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Kara Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 670

City Gray State GA Zip Code 31032-0670

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

Name of Employer Gray dental Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
Transaction ID : **AEFE19A5C3DFD45ADA65**

Amount of Each Receipt this Period 200.00

Memo Item  
ERMK: Drew Ferguson for Congress

**C. Dr Arthur C Morchat**  
Full Name (Last, First, Middle Initial)

Mailing Address 5158 Old Highway 135 N

City Gladewater State TX Zip Code 75647-6805

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 17 / 2016  
Transaction ID : **A05E3A0BA52604353A5C**

Amount of Each Receipt this Period 100.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr Arthur C Morchat**  
Full Name (Last, First, Middle Initial)

Mailing Address 5158 Old Highway 135 N

City Gladewater State TX Zip Code 75647-6805

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2016

**Transaction ID : AA563288F2B534E96A8A**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 ERMK: Drew Ferguson for Congress

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

Mailing Address 2459 N 148th St

City Omaha State NE Zip Code 68116-5101

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

Name of Employer self-employed Occupation Periodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : A555790CBE6C14DBB809**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 ERMK: Paul Gosar For Congress

**c. Dr Logan Nalley Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 2229 Pickens Rd

City Augusta State GA Zip Code 30904-4462

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

Name of Employer Augusta Prosthodontic Assoc LLC Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A7C0E852DC58044BFBC9**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 36 OF 103
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (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. Dr Logan Nalley Jr
Full Name (Last, First, Middle Initial)
Mailing Address 2229 Pickens Rd
City Augusta State GA Zip Code 30904-4462
FEC ID number of contributing federal political committee. C
Name of Employer Augusta Prosthodontic Assoc LLC Occupation Dentist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 0.00

Date of Receipt 03 / 31 / 2016
Transaction ID : A383965EE1A7947D1AF6
Amount of Each Receipt this Period 500.00
Memo Item
ERMK: Drew Ferguson for Congress

B. Dr Kevin H Norige
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 791
City South Windsor State CT Zip Code 06074-0791
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 03 / 18 / 2016
Transaction ID : A0885AE18B7364BB3B04
Amount of Each Receipt this Period 250.00
Memo Item

C. Steve Ortego
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 766
City Ball State LA Zip Code 71405-0766
FEC ID number of contributing federal political committee. C
Name of Employer Self Occupation Dentist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 0.00

Date of Receipt 03 / 31 / 2016
Transaction ID : ABA4213D0F9934959873
Amount of Each Receipt this Period 250.00
Memo Item
ERMK: Fred Costello For Congress Committee

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 37 OF 103  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Steve Ortego**

Mailing Address PO Box 766

City State Zip Code  
 Ball LA 71405-0766

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

Name of Employer Occupation  
 Self Dentist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 03 / 31 / 2016  
**Transaction ID : AA5DE18728DCF41388C6**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 ERMK: Drew Ferguson for Congress

Full Name (Last, First, Middle Initial)  
**B. Mrs. Sharon Oyster**

Mailing Address PO Box 189

City State Zip Code  
 Franklinton NC 27525-0189

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

Name of Employer Occupation  
 self-employed homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 03 / 30 / 2016  
**Transaction ID : A90B44B9BDCB14BCC942**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 ERMK: Drew Ferguson for Congress

Full Name (Last, First, Middle Initial)  
**c. Mrs. Sharon Oyster**

Mailing Address PO Box 189

City State Zip Code  
 Franklinton NC 27525-0189

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

Name of Employer Occupation  
 self-employed homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 03 / 30 / 2016  
**Transaction ID : AAC74AEF0408942328CF**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 ERMK: Fred Costello For Congress Committee

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr James C Paladino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13525 NW 5th Ln  
 City Newberry State FL Zip Code 32669-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 19 / 2016  
**Transaction ID : A2247DB4D052B4E15A9D**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 ERMK: Fred Costello For Congress Committee

**B. Dr Jolene O Paramore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2515 W 33rd St  
 City Panama City State FL Zip Code 32405-1950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Periodontist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : AF6CAD236318F4EE683D**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 ERMK: Fred Costello For Congress Committee

**C. J Benjamin Patrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 Cedar Shoals Dr  
 City Athens State GA Zip Code 30605-3592  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Benjmain Patrick Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : AD741FAF6AA4F4783A17**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr James Tolliver Phillips Jr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 641 Cromer Rd  
City Tifton State GA Zip Code 31793-5322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 15 / 2016  
**Transaction ID : A88C76FEE0472409F865**  
Amount of Each Receipt this Period 1000.00  
 Memo Item  
ERMK: Drew Ferguson for Congress

**B. Dr James Tolliver Phillips Jr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 641 Cromer Rd  
City Tifton State GA Zip Code 31793-5322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 15 / 2016  
**Transaction ID : A3A99D4F106D44CBC996**  
Amount of Each Receipt this Period 1000.00  
 Memo Item  
ERMK: Drew Ferguson for Congress

**C. Dr Robert G Plage**  
Full Name (Last, First, Middle Initial)  
Mailing Address 807 Wood Cove Rd  
City Wilmington State NC Zip Code 28409-0504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : A99477ED058DA4601B96**  
Amount of Each Receipt this Period 250.00  
 Memo Item  
ERMK: Fred Costello For Congress Committee

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr Robert G Plage**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 Wood Cove Rd

City Wilmington State NC Zip Code 28409-0504

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : A9DFCAA64C66B4FE3BAE**

Amount of Each Receipt this Period 250.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Dr D Spencer Pope**  
Full Name (Last, First, Middle Initial)

Mailing Address 1115 Green Glen Ct

City New Lenox State IL Zip Code 60451-2583

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 ▼ 214.29

Date of Receipt 03 / 24 / 2016  
**Transaction ID : AA85E3E72335D47DDB43**

Amount of Each Receipt this Period 71.43

Memo Item

**C. Dr W. Brian Powley DDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 11640 N Tatum Blvd Unit 1081

City Phoenix State AZ Zip Code 85028-1683

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 ▼ 249.99

Date of Receipt 03 / 07 / 2016  
**Transaction ID : A9ED83895097F4C41A2A**

Amount of Each Receipt this Period 83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	404.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Sundeep Rawal**  
Full Name (Last, First, Middle Initial)

Mailing Address 2180 N Courtenay Pkwy

City Merritt Island State FL Zip Code 32953-4236

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

Name of Employer Florida Prosthodontics, PA Occupation Prosthodontist - Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : AF53CE14FA02C4ED5A31**

Amount of Each Receipt this Period 500.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**B. Robin S Reich**  
Full Name (Last, First, Middle Initial)

Mailing Address 4849 S Cobb Dr SE Bldg 100

City Smyrna State GA Zip Code 30080-7145

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

Name of Employer Reich Dental Center Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : ACC8CF874C5BE44EC986**

Amount of Each Receipt this Period 400.00

Memo Item  
ERMK: Drew Ferguson for Congress

**C. Dr Elizabeth C Reynolds**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 E Glenbrooke Cir

City Richmond State VA Zip Code 23229-8001

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 03 / 25 / 2016  
**Transaction ID : A0DDC789397FB4C1FBD5**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Jessica L Robertson**

Full Name (Last, First, Middle Initial)  
Mailing Address 1110 W Beal Rd

City Flagstaff State AZ Zip Code 86001-1281

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

Name of Employer self-employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 30 / 2016  
**Transaction ID : AED00D9BAA78F4E7BA63**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**B. Dr Jessica L Robertson**

Full Name (Last, First, Middle Initial)  
Mailing Address 1110 W Beal Rd

City Flagstaff State AZ Zip Code 86001-1281

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

Name of Employer self-employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 30 / 2016  
**Transaction ID : A54609D10A91643C3822**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Drew Ferguson for Congress

**C. Dr Julio H Rodriguez**

Full Name (Last, First, Middle Initial)  
Mailing Address N4031 Pine Ct

City Brodhead State WI Zip Code 53520-9655

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

Name of Employer Self Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : AD866260BB7AF45E3AD7**

Amount of Each Receipt this Period  
200.00

Memo Item  
ERMK: Fred Costello For Congress Committee

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address N4031 Pine Ct

City State Zip Code  
Brodhead WI 53520-9655

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

Name of Employer Occupation  
Self Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 31 / 2016  
Transaction ID : **A62C43ED4C10B44E6BDE**

Amount of Each Receipt this Period  
200.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Brett Roufs**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Allison St

City State Zip Code  
Newton KS 67114-3728

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

Name of Employer Occupation  
Self Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 30 / 2016  
Transaction ID : **A820F9FBC78044018976**

Amount of Each Receipt this Period  
100.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**C. Brett Roufs**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Allison St

City State Zip Code  
Newton KS 67114-3728

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

Name of Employer Occupation  
Self Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
03 / 30 / 2016  
Transaction ID : **AD9B4AEF5F19A41C5813**

Amount of Each Receipt this Period  
100.00

Memo Item  
ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr Walter E Saxon Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 306

City Buckingham State VA Zip Code 23921-0306

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 03 / 25 / 2016  
**Transaction ID : A898EF19E4A114C07911**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Dr Philip L Schefke**  
Full Name (Last, First, Middle Initial)

Mailing Address 2928 Shepherd Ct

City Woodridge State IL Zip Code 60517-1930

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 ▼ 333.33

Date of Receipt 03 / 04 / 2016  
**Transaction ID : AB11FA7B4ACE042B895D**

Amount of Each Receipt this Period 333.33

Memo Item

**C. Marie Schweinebraten**  
Full Name (Last, First, Middle Initial)

Mailing Address 2925 Premiere Pkwy Ste 130

City Duluth State GA Zip Code 30097-5248

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

Name of Employer Self Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A9D07863595F74344806**

Amount of Each Receipt this Period 250.00

Memo Item  
ERMK: Drew Ferguson for Congress

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Bryan Joseph Shanahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1130 N Conifer Rd  
 City Flagstaff State AZ Zip Code 86001-1284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : AFD98D4B1167342CBA3E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 ERMK: Fred Costello For Congress Committee

**B. Dr Bryan Joseph Shanahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1130 N Conifer Rd  
 City Flagstaff State AZ Zip Code 86001-1284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : AF1F14C95012E44E8B34**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

**C. Dr Jonathan David Shenkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Balsam Ln  
 City Freeport State ME Zip Code 04032-6023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 03 / 28 / 2016  
**Transaction ID : A5A6D6796FBB64AC7B28**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 ERMK: Paul Gosar For Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Cynthia Sherwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 N 6th St  
 City Independence State KS Zip Code 67301-3129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self employed Occupation: Dentist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt: 03 / 30 / 2016  
**Transaction ID : A2D54152D8E9D4C6B953**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item  
 ERMK: Fred Costello For Congress Committee

**B. Cynthia Sherwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 N 6th St  
 City Independence State KS Zip Code 67301-3129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self employed Occupation: Dentist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt: 03 / 30 / 2016  
**Transaction ID : A769C4D59827F44B0946**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

**C. Dr Mark Shurett, D Shurett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Mimosa Ct  
 City Oxford State GA Zip Code 30054-4034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: self-employed Occupation: Dentist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt: 03 / 08 / 2016  
**Transaction ID : A31B85CE49C6F4FDAA30**  
 Amount of Each Receipt this Period: 500.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Dr Alberto M Silber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1578 SW 191st Ave  
 City State Zip Code  
 Pembroke Pines FL 33029-6149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Dentist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : A315221246C394535A53**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 ERMK: Fred Costello For Congress Committee

**B. Dr Karyn L Stockwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1430 Masters Ct NW  
 City State Zip Code  
 Kennesaw GA 30144-2088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Dentist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : A17E67C59D63346FF9AA**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

**C. Dr Jeffrey Jack Sturdivant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27918 Greenwood Dr  
 City State Zip Code  
 Adel IA 50003-8612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Dentist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : AE987DAF1CA6A4101A28**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 103
<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. Dr Carol Gomez Summerhays**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13234 Polvera Ave  
 City San Diego State CA Zip Code 92128-1148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADA Occupation Pres. of ADA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **499.98**

Date of Receipt **03 / 08 / 2016**  
**Transaction ID : ACA0B8EA289FD4560AC1**  
 Amount of Each Receipt this Period **166.66**  
 Memo Item

**B. Dr Richard L Taliaferro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Longview Ln  
 City Winchester State VA Zip Code 22602-2880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation general dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : A93A5AF82EF644CDF804**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 ERMK: Dr Brian Babin For Congress

**C. Dr Richard L Taliaferro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Longview Ln  
 City Winchester State VA Zip Code 22602-2880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation general dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : A0AE19DDBA45A4756A21**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 ERMK: Fred Costello For Congress Committee

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>266.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Richard L Taliaferro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Longview Ln  
 City Winchester State VA Zip Code 22602-2880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation general dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : A32638CA4919D48F6BA9**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 ERMK: Drew Ferguson for Congress

**B. Dr Richard L Taliaferro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Longview Ln  
 City Winchester State VA Zip Code 22602-2880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation general dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : AEEFAB667BEC64568B93**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 ERMK: Paul Gosar For Congress

**C. Dr Richard L Taliaferro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Longview Ln  
 City Winchester State VA Zip Code 22602-2880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation general dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 30 / 2016**  
**Transaction ID : AA223A018B52C4375BB2**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 ERMK: Simpson For Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Geoffrey W Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8211 W Cougar Gulch Rd  
 City Coeur D Alene State ID Zip Code 83814-8983  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : AF394E51F2D534A6CB41**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 ERMK: Simpson For Congress

**B. Dr Michael A Ungerleider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Strawberry Fields Rd  
 City Granby State CT Zip Code 06035-2926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : A13C9B5B423D6442AAF5**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 ERMK: Fred Costello For Congress Committee

**C. Dr Michael A Ungerleider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Strawberry Fields Rd  
 City Granby State CT Zip Code 06035-2926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 03 / 30 / 2016  
**Transaction ID : AF9CD2AFC2BCA4251946**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Edward John Vigna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15450 W Merrell St  
 City Goodyear State AZ Zip Code 85395-8624  
 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 **03 / 04 / 2016**  
**Transaction ID : ADAE4B55E44A549F78C1**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. John Vollenweider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 N Lewis St  
 City Lagrange State GA Zip Code 30240-2738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 13 / 2016**  
**Transaction ID : A32C86050D0C24029AE6**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
 ERMK: Drew Ferguson for Congress

**C. Dr David F Watson Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Collins Creek Rd  
 City Greenville State SC Zip Code 29607-3730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt **03 / 28 / 2016**  
**Transaction ID : A1880701902FF4944BA8**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
 ERMK: Paul Gosar For Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Dr Richard A Weinman**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Inland Ridge Way

City Atlanta State GA Zip Code 30342-2068

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

Name of Employer self-employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : A9FBA9134FD604545A4B**

Amount of Each Receipt this Period 500.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Dr Rebecca Claxton Weinman**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 Inland Ridge Way

City Atlanta State GA Zip Code 30342-2068

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

Name of Employer self-employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : A2FF35AB7FE444F618F6**

Amount of Each Receipt this Period 500.00

Memo Item  
ERMK: Drew Ferguson for Congress

**C. Dr Erik H Wells**  
Full Name (Last, First, Middle Initial)

Mailing Address 282 Fountainhead Dr

City Jefferson State GA Zip Code 30549-6709

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

Name of Employer self-employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : ADF296CE6EB194EA6B1F**

Amount of Each Receipt this Period 250.00

Memo Item  
ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Dr Jay Ralph Wells III**  
Full Name (Last, First, Middle Initial)

Mailing Address 2510 Applegate Ave

City Bethel Park State PA Zip Code 15102-2702

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

Name of Employer self-employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : A05B9DA0A665D4694881**

Amount of Each Receipt this Period 100.00

Memo Item  
ERMK: Drew Ferguson for Congress

**B. Dr Jay Ralph Wells III**  
Full Name (Last, First, Middle Initial)

Mailing Address 2510 Applegate Ave

City Bethel Park State PA Zip Code 15102-2702

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

Name of Employer self-employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : A0F127F3EB0614051A06**

Amount of Each Receipt this Period 100.00

Memo Item  
ERMK: Fred Costello For Congress Committee

**C. Carol Wolff**  
Full Name (Last, First, Middle Initial)

Mailing Address 3132 Maple Dr Suite 200

City Atlanta State GA Zip Code 30305

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

Name of Employer Carol Wolff, DDS Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : A95908A2A82704A34A56**

Amount of Each Receipt this Period 100.00

Memo Item  
ERMK: Drew Ferguson for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 54 OF 103  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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**

Full Name (Last, First, Middle Initial)  
**A. Dr Roger E Wood**

Mailing Address 3724 Bircham Loop

City Midlothian      State VA      Zip Code 23113-3980

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  
03 / 25 / 2016  
**Transaction ID : ACBFA1F9EE56045938F4**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33261.67

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Citibank 1**

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement  
service charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : B012115FD6F624BCE8F1

Amount of Each Disbursement this Period

65.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank 1**

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement  
credit card fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : BE880B4B3276243DFBD6

Amount of Each Disbursement this Period

247.74

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

312.74

312.74

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Dental Association**

Mailing Address 211 E Chicago Ave

City Chicago State IL Zip Code 60611-2637

Purpose of Disbursement  
2015 ADPAC Tax Payment

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

Transaction ID : B5246FF018D1741C2AFF

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICA'S COMMITTEE FOR EXCELLENCE POLITICAL ACTION COMMITTEE (ACEPAC)**

Mailing Address POST OFFICE BOX 14072

City MONROE State LA Zip Code 71218

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : B85FB9D2A417F4404B75

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Andre Carson For Congress**

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Andre D. Carson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: IN District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : BCB1E517AEE234A05AA9

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3250.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BRETT PAC**

Mailing Address 499 South Capitol St., SW Suite 42

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2016

Transaction ID : B1621FC49FC524675A0F

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bridge PAC**

Mailing Address 499 South Capitol St. SW Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : BDFDE41540B664592BAB

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens For Boyle**

Mailing Address PO Box 11545

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Brendan F. Boyle**

Office Sought:  House  Senate  President

State: PA District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2016

Transaction ID : B1584A10502F845DAAF4

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Coffman For Congress**

Mailing Address 9249 South Broadway  
#200-501

City Highlands Ranch State CO Zip Code 80129-5690

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Mike Coffman**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2016

**Transaction ID : BAE87A954EAE4CF9B41**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Coffman For Congress**

Mailing Address 9249 South Broadway  
#200-501

City Highlands Ranch State CO Zip Code 80129-5690

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Mike Coffman**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2016

**Transaction ID : BE2F3CA5125CE4F0B86A**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Collins For Congress**

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Doug A. Collins**

Office Sought:  House  
 Senate  
 President  
State: GA District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : B3A4FC6319B354C7D876**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Committee To Re-Elect Congressman Chris Smith**

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Chris H. Smith**

Office Sought:  House  
 Senate  
 President

State: NJ District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2016			

**Transaction ID : B51CDDF0E798B4B9185F**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Comstock For Congress**

Mailing Address PO Box 71596

City Richmond State VA Zip Code 23255

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Barbara J. Comstock**

Office Sought:  House  
 Senate  
 President

State: VA District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			22			2016			

**Transaction ID : BB482104A96AB4C1B90A**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Connolly For Congress**

Mailing Address 3706 Prado Place

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Gerry E. Connolly**

Office Sought:  House  
 Senate  
 President

State: VA District: 11

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			07			2016			

**Transaction ID : BB81BB84FB5DF433088F**

Amount of Each Disbursement this Period

1000.00
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Memo Item

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

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DC Treasurer**

Mailing Address DC Office of Tax & Revenue  
Ben Franklin Station, PO Box 601

City Washington State DC Zip Code 20044

Purpose of Disbursement  
VOID - 2014 ADPAC Tax Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2016

Transaction ID : B9181CA1BB9E440C6BE5

Amount of Each Disbursement this Period

-250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DC Treasurer**

Mailing Address DC Office of Tax & Revenue  
Ben Franklin Station, PO Box 601

City Washington State DC Zip Code 20044

Purpose of Disbursement  
2014 ADPAC Tax Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : B41292E509A094E84839

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Mailing Address 430 S. Capitol St., SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
Contribution to Party Committee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : B36EC3753BB2446E5B9C

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement  
Contribution to National Party Committee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : B92EDE919E10E4D4986C

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr Brian Babin For Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979-0159

Purpose of Disbursement  
ERMK: Steven Ellinwood

Candidate Name

**Rep. Brian Babin**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  OTHER

State: TX District: 36

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : B0F8178058F1E4AC5831

Amount of Each Disbursement this Period

50.00

Memo Item

ERMK: Steven Ellinwood. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Dr Brian Babin For Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979-0159

Purpose of Disbursement  
ERMK: S Jerry Long

Candidate Name

**Rep. Brian Babin**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  OTHER

State: TX District: 36

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2016

Transaction ID : B456DE16D8AA14F389B4

Amount of Each Disbursement this Period

500.00

Memo Item

ERMK: S Jerry Long. transmitted by check/EFT

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

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

15550.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Dr Brian Babin For Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979-0159

Purpose of Disbursement  
ERMK: S Jerry Long

Candidate Name  
**Rep. Brian Babin**

Office Sought:  House  
 Senate  
 President  
State: TX District: 36

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

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2016

**Transaction ID : BA7E813A7E4E14E5B8D4**

Amount of Each Disbursement this Period

500.00

Memo Item

ERMK: S Jerry Long. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Dr Brian Babin For Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979-0159

Purpose of Disbursement  
ERMK: Richard Taliaferro

Candidate Name  
**Rep. Brian Babin**

Office Sought:  House  
 Senate  
 President  
State: TX District: 36

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : B3E147E8486D143729D2**

Amount of Each Disbursement this Period

50.00

Memo Item

ERMK: Richard Taliaferro. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Amy Kuhmichel

Candidate Name  
**Dr. Drew Ferguson**

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

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

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

**Transaction ID : B40B3FF6BA26048678C5**

Amount of Each Disbursement this Period

100.00

Memo Item

ERMK: Amy Kuhmichel. transmitted by check/EFT

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

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

650.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Kevin Corry

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

**Transaction ID : BC874408E277F467E9B1**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Kevin Corry. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Brett Roufs

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : B580025981A9C4379A18**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Brett Roufs. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Christopher Hasty

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : B8715629E078949CA803**

Amount of Each Disbursement this Period

1000.00

Memo Item  
ERMK: Christopher Hasty. transmitted by check/EFT

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

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

1350.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Lou Ann Best

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **BA32AA40D0D594DD3B39**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Lou Ann Best. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: J Barry Howell

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **B09AA811E027E45F0B6E**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: J Barry Howell. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Jessica Robertson

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **BD3CD8AD4E22E447CAE**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Jessica Robertson. transmitted by check/EFT

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

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

600.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: James Broadfoot

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) **OTHER**  
State: GA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2016

**Transaction ID : B59DC1328B63D4A6886D**

Amount of Each Disbursement this Period

175.00

Memo Item  
ERMK: James Broadfoot. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Frank Caughman

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) **OTHER**  
State: GA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2016

**Transaction ID : B3D074DDEC8E54F7783C**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Frank Caughman. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Rebecca Weinman

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) **OTHER**  
State: GA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2016

**Transaction ID : B5D7A288B4BA1454FB39**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: Rebecca Weinman. transmitted by check/EFT

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

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

775.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: michael binns

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) **OTHER**  
State: GA District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **B6A3C1F87AB824A40954**

Amount of Each Disbursement this Period

200.00

Memo Item  
ERMK: michael binns. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Mark Shurett

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) **OTHER**  
State: GA District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **B399E08F0B2464EDDA13**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: Mark Shurett. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Bernie Dishler

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) **OTHER**  
State: GA District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **BA181F47782BE46F78C3**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Bernie Dishler. transmitted by check/EFT

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

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

800.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Laura Braswell

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BC462F59353C44ACBAC3**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Laura Braswell. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Bryan Shanahan

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

**Transaction ID : BC845A417C2E2496B832**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Bryan Shanahan. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Richard Taliaferro

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BF46D33C9E4D44C42A28**

Amount of Each Disbursement this Period

50.00

Memo Item  
ERMK: Richard Taliaferro. transmitted by check/EFT

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

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

400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Richard Andolina

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BDECA26854B2E48808A9**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Richard Andolina. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Cynthia Sherwood

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BA4550A848F7644BFBB8**

Amount of Each Disbursement this Period

50.00

Memo Item  
ERMK: Cynthia Sherwood. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Gary Oyster

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : B4A19E6B669F14C80A4E**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: Gary Oyster. transmitted by check/EFT

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

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

800.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Arthur Morchat

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) **OTHER**  
State: GA District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : **BB27FD48A7A86447BB1B**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Arthur Morchat. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Brittany McCarthy

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) **OTHER**  
State: GA District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **B39FCE0BFEC924B20B16**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Brittany McCarthy. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Isaac Hadley

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) **OTHER**  
State: GA District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **B0C01B9D88B9E4E819F1**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Isaac Hadley. transmitted by check/EFT

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

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

450.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: William Campbdl

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2016

**Transaction ID : B679E619D125344B3B90**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: William Campbdl. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Michael Ungerleider

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : B0C583126F0CB47AA9E4**

Amount of Each Disbursement this Period

75.00

Memo Item  
ERMK: Michael Ungerleider. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Richard Weinman

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2016

**Transaction ID : BE678101B367348A484E**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: Richard Weinman. transmitted by check/EFT

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

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

675.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Jay Harrington

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **BA0A7949C078A487AAE5**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: Jay Harrington. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Michael Hagearty

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **BDCD3C464C41847CF84D**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Michael Hagearty. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: David Watson

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **B3B4FEE0659594EE9A03**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: David Watson. transmitted by check/EFT

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

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

850.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: James Phillips

Candidate Name

**Dr. Drew Ferguson**

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

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

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : **B28DBE281F1B146EBBDF**

Amount of Each Disbursement this Period

1000.00

Memo Item

ERMK: James Phillips. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Mark Johnston

Candidate Name

**Dr. Drew Ferguson**

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

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

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **B3A867B4B94DE4EABB8B**

Amount of Each Disbursement this Period

50.00

Memo Item

ERMK: Mark Johnston. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Robin S Reich

Candidate Name

**Dr. Drew Ferguson**

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

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

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **B73C8888B64954629A54**

Amount of Each Disbursement this Period

400.00

Memo Item

ERMK: Robin S Reich. transmitted by check/EFT

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

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

1450.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Isaac Hadley

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

**Transaction ID : B43F0D412991F4A0286D**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Isaac Hadley. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Marshall Mann

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

**Transaction ID : B479063D3A7BB409CA49**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: Marshall Mann. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Erik Wells

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : BCB306952B5F14FCB84A**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Erik Wells. transmitted by check/EFT

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

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

850.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Robert Plage

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **BDD04B029EEFA4F749A2**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Robert Plage. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: John Vollenweider

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : **BA469466D5DB54E5F89E**

Amount of Each Disbursement this Period

1000.00

Memo Item  
ERMK: John Vollenweider. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: William Argo

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **B822A0EF4EF974D179FE**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: William Argo. transmitted by check/EFT

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Jay R Wells, III

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : B57EEE16641FE47E39DE**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Jay R Wells, III. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Loren Feldner

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : BCC267D9F38FF4E1BA7A**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: Loren Feldner. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: Janine Bethea

Candidate Name  
**Dr. Drew Ferguson**

Office Sought:  House  Senate  President  
State: GA District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

**Transaction ID : BAC10E09C7A7C4070895**

Amount of Each Disbursement this Period

30.00

Memo Item  
ERMK: Janine Bethea. transmitted by check/EFT

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

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

630.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress**

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement  
ERMK: James Phillips

Candidate Name  
**Dr. Drew Ferguson**

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

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : BCD0D9803024B4F6EB30

Amount of Each Disbursement this Period

1000.00

Memo Item  
ERMK: James Phillips. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Eye of the Tiger PAC**

Mailing Address 3100 Ridgelake - Suite 301

City Metairie State LA Zip Code 70002

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2016

Transaction ID : B99D1AFABDA8C4F8197F

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Jay R Wells, III

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : B202D02F2C3B44E228C2

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Jay R Wells, III. transmitted by check/EFT

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

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

6100.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Jessica Robertson

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **BC128D8EB74D14313805**

Amount of Each Disbursement this Period

250.00

Memo Item

ERMK: Jessica Robertson. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Brittany McCarthy

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **B576D137577174C5288A**

Amount of Each Disbursement this Period

250.00

Memo Item

ERMK: Brittany McCarthy. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Richard Bastien

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **B2D47C858AFBB4B61B17**

Amount of Each Disbursement this Period

100.00

Memo Item

ERMK: Richard Bastien. transmitted by check/EFT

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

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

600.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: J Barry Howell

Candidate Name  
**Dr. Fred Costello**

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

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

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **BD4176942504F44D984D**

Amount of Each Disbursement this Period

250.00

Memo Item

ERMK: J Barry Howell. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Jay Harrington

Candidate Name  
**Dr. Fred Costello**

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

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **BE036C4261E3C4139A82**

Amount of Each Disbursement this Period

50.00

Memo Item

ERMK: Jay Harrington. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Oscar Menendez

Candidate Name  
**Dr. Fred Costello**

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

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

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : **B927E04CC126B4FE0ADC**

Amount of Each Disbursement this Period

100.00

Memo Item

ERMK: Oscar Menendez. transmitted by check/EFT

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

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

400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Bernie Dishler

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **BC3DE909168FE49D3949**

Amount of Each Disbursement this Period

100.00

Memo Item

ERMK: Bernie Dishler. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: David Watson

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **B13B8A91AD5E246DE987**

Amount of Each Disbursement this Period

250.00

Memo Item

ERMK: David Watson. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Kevin Corry

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : **B6E7EDF8F93194C0A9E5**

Amount of Each Disbursement this Period

250.00

Memo Item

ERMK: Kevin Corry. transmitted by check/EFT

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

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

600.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Richard Taliaferro

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : B589F1E9FA8B24A66A20

Amount of Each Disbursement this Period

50.00

Memo Item  
ERMK: Richard Taliaferro. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: dennis lichorwic

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : BB207B6ABA9674FDEA81

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: dennis lichorwic. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Jolene Paramore

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : B6C519D240FFB46CC813

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Jolene Paramore. transmitted by check/EFT

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

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

400.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Cynthia Sherwood

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **BAFCE927B81AA46F39EE**

Amount of Each Disbursement this Period

50.00

Memo Item  
ERMK: Cynthia Sherwood. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: David Watson

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **B963A1A3B7C1F4E07B36**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: David Watson. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Bryan Shanahan

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **B41FE3F54A2AD4B1486F**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Bryan Shanahan. transmitted by check/EFT

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

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

550.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: James Paladino

Candidate Name

**Dr. Fred Costello**

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

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

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

**Transaction ID : BB32833BC64784C02AD5**

Amount of Each Disbursement this Period

100.00

Memo Item

ERMK: James Paladino. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Mark Johnston

Candidate Name

**Dr. Fred Costello**

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

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BBA4E29347F904545A24**

Amount of Each Disbursement this Period

50.00

Memo Item

ERMK: Mark Johnston. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Robert Plage

Candidate Name

**Dr. Fred Costello**

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

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BB8E2D6AB49A1433C99B**

Amount of Each Disbursement this Period

250.00

Memo Item

ERMK: Robert Plage. transmitted by check/EFT

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

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

400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Arthur Morchat

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : **BA7E99091A5064AF59E6**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Arthur Morchat. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Sundeep Rawal

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **B83E556378E7D4C15B1B**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: Sundeep Rawal. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Brett Roufs

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **BBEA6BF76814D4610A37**

Amount of Each Disbursement this Period

100.00

Memo Item  
ERMK: Brett Roufs. transmitted by check/EFT

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

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

700.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Michael Ungerleider

Candidate Name  
**Dr. Fred Costello**

Office Sought:  House  Senate  President  
State: FL District: 06  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BDC52E3A6685C422B888**

Amount of Each Disbursement this Period

75.00

Memo Item  
ERMK: Michael Ungerleider. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Steven Ellinwood

Candidate Name  
**Dr. Fred Costello**

Office Sought:  House  Senate  President  
State: FL District: 06  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BE6419C5070664CB5974**

Amount of Each Disbursement this Period

50.00

Memo Item  
ERMK: Steven Ellinwood. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Timothy Lane

Candidate Name  
**Dr. Fred Costello**

Office Sought:  House  Senate  President  
State: FL District: 06  
Disbursement For: 2016  
 Primary  General  
 Other (specify) **OTHER**

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

**Transaction ID : BC032E21F1CA842A1AC6**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: Timothy Lane. transmitted by check/EFT

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

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

625.00

**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)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Bill Goldner

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **B1F2050733FA94B71ACF**

Amount of Each Disbursement this Period

25.00

Memo Item  
ERMK: Bill Goldner. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Gary Oyster

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **B7D76F5B7B9D140908FA**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: Gary Oyster. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Fred Costello For Congress Committee**

Mailing Address P.O. Box 730026

City Ormond Beach State FL Zip Code 32173-0026

Purpose of Disbursement  
ERMK: Richard Andolina

Candidate Name  
**Dr. Fred Costello**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **BD8EAD049E82D4A63BC3**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Richard Andolina. transmitted by check/EFT

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

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

775.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends For Chris Stewart, Inc.**

Mailing Address 10 West Broadway, Suite 500

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Chris D. Stewart**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2016

**Transaction ID : BF2B7F61EEC044B1EB40**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Drive

City State Zip Code  
Cleveland OH 44143

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Dave P. Joyce**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : BC4A31BADDEBD42B899C**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fund for America's Future**

Mailing Address PO Box 29576

City State Zip Code  
Washington DC 20017

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: Other

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : B366F4828047E4FA08F3**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. George E.B. Holding**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : B6943E104CBFD486ABC8**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Heartland Values PAC**

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

**Transaction ID : BCAE76A9B5EF64107974**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeff Fortenberry For United States Congress**

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Jeff L. Fortenberry**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

**Transaction ID : B946F7A97DFDB40B48D3**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. KATHY FOR MARYLAND**

Mailing Address PO BOX 43516

City NOTTINGHAM State MD Zip Code 21236

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Kathy Szeliga**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : B22D98CFC83EA41D6AF4

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Keystone Fund**

Mailing Address 607 14th St. NW  
Suite 800W

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : BF373717325014272AC0

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kristi For Congress**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Kristi Lynn Noem**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: SD District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : BC78C838D82CF49E6B4F

Amount of Each Disbursement this Period

2000.00

Memo Item

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. LAHOOD FOR CONGRESS**

Mailing Address P.O. BOX 10735

City PEORIA State IL Zip Code 61612-0735

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Darin Mckay Lahood**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : **B6FF674ED03054B21817**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Langevin For Congress**

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Jim R. Langevin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **BF366EBD165184D9C8E6**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lincoln PAC**

Mailing Address 3701 Connecticut Ave., NW #404

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : **B32536DE5968B4FFD8C3**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Loudermilk For Congress**

Mailing Address PO Box 447

City State Zip Code  
Cassville GA 30123

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Barry D. Loudermilk**

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2016

**Transaction ID : B3B224538ED414A5298B**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Majority Committee PAC**

Mailing Address P.O. BOX 10134

City State Zip Code  
Bakersfield CA 93389

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : B1CD867BCA54E498CBE2**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael Burgess For Congress**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Michael C. Burgess**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 22 / 2016

**Transaction ID : B2111BBD977CA4ED3AF2**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MIKE BOST FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 1212

City MURPHYSBORO State IL Zip Code 62966

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Mike Bost**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: IL District: 12

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2016

Transaction ID : B32DFCB7B758A425FA75

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee**

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Contribution to National Party Committee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : BA4EF587C76674EF88CA

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address 425 Second St., NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement  
Contribution to National Party Committee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: District: Other

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : BF80F28895CE04F8C9A3

Amount of Each Disbursement this Period

15000.00

Memo Item

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

31000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. New Pioneers PAC**

Mailing Address PO Box 1091

City State Zip Code  
hood river OR 97031

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

Transaction ID : B5D91A2969C1540A5AC0

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NOLAND FOR CONGRESS**

Mailing Address 164 DIVISION  
SUITE 104

City State Zip Code  
ELGIN IL 60120

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Michael Noland**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: IL District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : B9A2365ABF2064520857

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pat Murphy For Iowa**

Mailing Address PO Box 692

City State Zip Code  
Dubuque IA 52004

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : BB794D51302F643F9BD0

Amount of Each Disbursement this Period

1500.00

Memo Item

**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**

Full Name (Last, First, Middle Initial)

**A. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: Richard Taliaferro

Candidate Name  
**Rep. Paul A. Gosar**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **B31F8E224FB814038941**

Amount of Each Disbursement this Period

50.00

Memo Item  
ERMK: Richard Taliaferro. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: David Minahan

Candidate Name  
**Rep. Paul A. Gosar**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **B0AC6C88C4B5044DFB59**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: David Minahan. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: Irving Lebovics

Candidate Name  
**Rep. Paul A. Gosar**

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **B41E64644B2A5489C89F**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Irving Lebovics. transmitted by check/EFT

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

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

550.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: Scott Morrison

Candidate Name  
**Rep. Paul A. Gosar**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 04

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BD77EF5F6315E47ACB89**

Amount of Each Disbursement this Period

250.00

Memo Item

ERMK: Scott Morrison. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: Michael Breault

Candidate Name  
**Rep. Paul A. Gosar**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 04

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BB624B67EC072408D94B**

Amount of Each Disbursement this Period

1000.00

Memo Item

ERMK: Michael Breault. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: Maurice Garrett

Candidate Name  
**Rep. Paul A. Gosar**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 04

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BC549EF009CE941C4864**

Amount of Each Disbursement this Period

250.00

Memo Item

ERMK: Maurice Garrett. transmitted by check/EFT

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: Ray Martin

Candidate Name  
**Rep. Paul A. Gosar**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 04

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : B42E52A984ADB4A6797E**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Ray Martin. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: David Watson

Candidate Name  
**Rep. Paul A. Gosar**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 04

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BC2BB1609290946B1831**

Amount of Each Disbursement this Period

500.00

Memo Item  
ERMK: David Watson. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: Fred Jaaeger

Candidate Name  
**Rep. Paul A. Gosar**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 04

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : B0E8442C95669437BB9E**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Fred Jaaeger. transmitted by check/EFT

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: Jonathan Shenkin

Candidate Name  
**Rep. Paul A. Gosar**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 04

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : BBD693AA232994978B1A**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: Jonathan Shenkin. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**B. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement  
ERMK: J Barry Howell

Candidate Name  
**Rep. Paul A. Gosar**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 04

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : B41A2BAC868174EFC9C8**

Amount of Each Disbursement this Period

250.00

Memo Item  
ERMK: J Barry Howell. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Promoting our Republican Team PAC**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2016

**Transaction ID : B78264A3E18244C29A15**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

1500.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ralph Abraham For Congress**

Mailing Address PO 270

City Archibald State LA Zip Code 71218

Purpose of Disbursement  
VOID - Contribution to Federal Candidate

Candidate Name  
**Rep. Ralph L. Abraham Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: LA District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **B62D93263B7764A01976**

Amount of Each Disbursement this Period

-2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ralph Abraham For Congress**

Mailing Address PO 270

City Archibald State LA Zip Code 71218

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Ralph L. Abraham Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: LA District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **BAD6B6823B5E14A92BF2**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Richmond For Congress**

Mailing Address 1631 Elysian Fields  
Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Cedric L. Richmond**

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

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **BFA8594CFED8D439EA68**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. RICK W. ALLEN FOR CONGRESS**

Mailing Address P. O. BOX 338

City AUGUSTA State GA Zip Code 30903

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Rick W. Allen**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2016

Transaction ID : **B5A9492447858467DA98**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rodney For Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Rodney L. Davis**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2016

Transaction ID : **B797BF8B2A366447488E**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress Committee**

Mailing Address 141 Shelley Lane

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Peter J. Roskam**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : **B7FF2FCB452BC4C02A42**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ryan Costello For Congress**

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Ryan A. Costello**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

**Transaction ID : BE7498A3CEA7440EBBE5**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Scalise For Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement  
VOID - Contribution to Federal Candidate

Candidate Name

**Rep. Steve J. Scalise**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : B1C2F61F145F6431BBAD**

Amount of Each Disbursement this Period

-5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Scalise For Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Steve J. Scalise**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

**Transaction ID : B2F7F95BC4BD7499D815**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Scott Peters For Congress**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Scott H. Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

**Transaction ID : B00E50C8F75424CAB862**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221-1667

Purpose of Disbursement  
ERMK: Geoffrey Thompson

Candidate Name

**Rep. Mike K. Simpson**

Office Sought:  House  
 Senate  
 President

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

State: ID District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : B585809B8220A4CB0AE6**

Amount of Each Disbursement this Period

100.00

Memo Item

ERMK: Geoffrey Thompson. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

**C. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221-1667

Purpose of Disbursement  
ERMK: Richard Taliaferro

Candidate Name

**Rep. Mike K. Simpson**

Office Sought:  House  
 Senate  
 President

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

State: ID District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

**Transaction ID : BB7F3C696FAD74033B25**

Amount of Each Disbursement this Period

50.00

Memo Item

ERMK: Richard Taliaferro. transmitted by check/EFT

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

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

1150.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Susan Davis For Congress**

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Susan A. Davis**

Office Sought:  House  
 Senate  
 President  
State: CA District: 53

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2016

Transaction ID : BBA7CE94642044861BE3

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tomorrow is Meaningful PAC**

Mailing Address 209 Pennsylvania Ave, Ste 2109

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

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

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2016

Transaction ID : B80AB8245E59A41DEB45

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Volunteers For Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. John M. Shimkus**

Office Sought:  House  
 Senate  
 President  
State: IL District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : BD40A6C4CBC9B4E94886

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

163180.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Dr Isaac Samuel Hadley**

Mailing Address 7428 Standing Boy Rd

City Columbus State GA Zip Code 31904-1973

Purpose of Disbursement  
conduit contribution refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2016

Transaction ID : **BD93E20AE3DD04E4B9A1**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr Richard A Weinman**

Mailing Address 175 Inland Ridge Way

City Atlanta State GA Zip Code 30342-2068

Purpose of Disbursement  
conduit contribution refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016

Transaction ID : **B3233B8BA587D4BB6A37**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

600.00

600.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Dental Association**

Mailing Address 211 E Chicago Ave

City Chicago State IL Zip Code 60611-2637

Purpose of Disbursement  
2014 ADPAC Tax Payment

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : B99BCA907800E4614990

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Other

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)  Other

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

250.00

250.00