

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Dental Political Action Committee	FEDERAL ELECTION COMMISSION JAN 23 1 32 PM '89
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1111 14th Street, NW Suite 1100	2. FEC IDENTIFICATION NUMBER C0000729
CITY, STATE and ZIP CODE Washington, DC 20005	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/24/98</u> through <u>12/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 312,845.44
(b) Cash on Hand at Beginning of Reporting Period	\$ 259,697.72	
(c) Total Receipts (from Line 19)	\$ 36,820.32	\$ 621,519.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 296,518.04	\$ 934,666.40
7. Total Disbursements (from Line 20)	\$ 36,158.89	\$ 675,306.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 260,359.15	\$ 259,359.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
 Federal Election Commission
 898 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-6530
 Local 202-219-3420

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
 Francis X. McLaughlin, Jr., Assistant Treasurer

Signature of Treasurer

Francis X. McLaughlin, Jr.

Date

Jan 28, 1999

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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FEC FORM 3X
(revised 9/83)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 7/1/81)

NAME OF COMMITTEE American Dental Political Action Committee	REPORT COVERING PERIOD		
	FROM 11/24/88	TO 12/31/88	
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
I. Itemized (use Schedule A)	0.00	0.00	11(a)(i)
II. Unitemized	0.00	0.00	11(a)(ii)
III. Total (add I and II) >	0.00	0.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a III, b and c) >	0.00	0.00	11(d)
12. Transfers From Affiliated/Other Party Committees	34,223.50	607,322.06	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	172.51	172.51	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,424.31	14,325.40	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	35,820.32	621,819.86	19
20. Total Federal Receipts (subtract line 18 from line 19) >	35,820.32	621,819.86	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share	0.00	0.00	21(a)(i)
II. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	158.89	12,508.18	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	158.89	12,508.18	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	36,000.00	639,896.08	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	2,900.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	36,158.89	675,308.26	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) >	36,158.89	675,308.26	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	0.00	0.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	0.00	0.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	158.89	12,508.18	35
36. Offsets to Operating Expenditures (from line 15)	172.51	172.51	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-13.62	12,325.68	37

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)
American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 215 Manchester, 04351	Maine Dental PAC	11/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	6	4,175.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1940 Princeton Drive Louisville, 40205	Kentucky Dental PAC	11/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	6	3,075.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
3305 Arctic Blvd. Suite 102 Anchorage, 99503-4975	Alaska Dental PAC	11/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	6	550.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 2229 Concord, 03302-2229	New Hampshire Dental PAC	11/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	5	1,600.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1002 Kanawha Valley Building 300 Capitol Street Charleston, 25301	West Virginia Dental PAC	11/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	4	4,200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
83 Speen Street Natick, 01790	Massachusetts Dental PAC	11/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	1	7,302.38
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
83 Speen Street Natick, 01790	Massachusetts Dental PAC	11/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	6	7,402.38

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 12
FOR LINE NUMBER 12

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

NAME OF COMMITTEE (in Full)
American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
83 Speen Street Natick, 01760	Massachusetts Dental PAC	11/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,502.36	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
230 Washington Square, North Suite 208 Lansing, 48933	Michigan Dental PAC	11/24/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 27,030.80	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1111 E. Tennessee Street Suite 102 Tallahassee, FL 32308-6814	Florida Dental PAC	11/24/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 21,765.87	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
17898 SW McEwan Road Portland, 97224-7786	Oregon Dental PAC	11/24/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 6,750.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	11/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 16,226.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	11/24/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 18,250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	11/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 16,350.00	

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE **3** OF **12**

FOR LINE NUMBER
12

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NAME OF COMMITTEE (in Full)
American Central Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 16,450.00</p>	<p>Date (month, day, year)</p> <p>11/24/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 16,550.00</p>	<p>Date (month, day, year)</p> <p>11/24/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 16,650.00</p>	<p>Date (month, day, year)</p> <p>11/24/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 16,750.00</p>	<p>Date (month, day, year)</p> <p>11/24/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 16,850.00</p>	<p>Date (month, day, year)</p> <p>11/24/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 16,900.00</p>	<p>Date (month, day, year)</p> <p>11/24/98</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 215 Manchester, 04351</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maine Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 4,275.00</p>	<p>Date (month, day, year)</p> <p>11/24/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>

SUBTOTAL of Receipts This Page (optional) **650.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE **4** OF **12**

FOR LINE NUMBER
12

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NAME OF COMMITTEE (in Full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>1002 Kanawha Valley Building 300 Capitol Street Charleston, 25301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer West Virginia Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 4,150.00</p>	<p>Date (month, day, year) 11/24/98</p>	<p>Amount of Each Receipt this Period 950.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>7 Elk Street Albany, 12207</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer New York State Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 48,310.00</p>	<p>Date (month, day, year) 11/24/98</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 16,950.00</p>	<p>Date (month, day, year) 11/24/98</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>63 Speen Street Natick, 01760</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Massachusetts Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 7,539.88</p>	<p>Date (month, day, year) 11/24/98</p>	<p>Amount of Each Receipt this Period 37.50</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 17,080.00</p>	<p>Date (month, day, year) 11/24/98</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>1111 E. Tennessee Street Suite 102 Tallahassee, FL 32308-6914</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Florida Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 26,832.87</p>	<p>Date (month, day, year) 12/21/98</p>	<p>Amount of Each Receipt this Period 4,867.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>2033 5th Avenue Suite 333 Seattle, 98121</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Washington Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 14,420.00</p>	<p>Date (month, day, year) 12/21/98</p>	<p>Amount of Each Receipt this Period 3,728.00</p>

SUBTOTAL of Receipts This Page (optional)

8,529.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 12
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,635.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
606 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,635.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
805 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,660.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
606 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,685.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
506 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,735.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,775.00	

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,800.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 6,825.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
506 6th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,850.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 6th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,875.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
506 6th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 6,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 6,025.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	12/21/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 6,050.00	

SUBTOTAL of Receipts This Page (optional) 275.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 12
FOR LINE NUMBER 12

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50308-2379	Iowa Dental PAC	12/21/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 8,100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50308-2379	Iowa Dental PAC	12/21/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 6,200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50308-2379	Iowa Dental PAC	12/21/98	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 6,275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 378 1010 S. 2nd St.(zip-62704) Springfield, 62705	Illinois Dental PAC	12/21/98	360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 23,700.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
One Dental Plaza North Brunswick, 08902-4311	New Jersey Dental PAC	12/21/98	455.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 25,877.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
132 Church Street Burlington, 05401	Vermont Dental PAC	12/21/98	1,428.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 3,450.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 4099 Gary, 27519	North Carolina Dental PAC	12/21/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 31,930.00	

SUBTOTAL of Receipts This Page (optional) **2,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code 1111 E. Lincolnway Suite 209 Cheyenne, 82003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wyoming Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > \$ 525.00	
B. Full Name, Mailing Address and ZIP Code 1111 E. Lincolnway Suite 209 Cheyenne, 82003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wyoming Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > \$ 525.00	
C. Full Name, Mailing Address and ZIP Code 1111 E. Lincolnway Suite 209 Cheyenne, 82003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wyoming Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 60.00
	Occupation	Aggregate Year-to-Date > \$ 575.00	
D. Full Name, Mailing Address and ZIP Code PO Box 3341 Harrisburg, 17105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pennsylvania Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 400.00
	Occupation	Aggregate Year-to-Date > \$ 13,101.50	
E. Full Name, Mailing Address and ZIP Code 2630 Ridgewood Road Jackson, 39216 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mississippi Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > \$ 4,300.00	
F. Full Name, Mailing Address and ZIP Code 2630 Ridgewood Road Jackson, 39216 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mississippi Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > \$ 4,400.00	
G. Full Name, Mailing Address and ZIP Code 211 East Chicago Avenue Chicago, IL 60611 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Student Dental Association	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 5.00
	Occupation	Aggregate Year-to-Date > \$ 40.00	

SUBTOTAL of Receipts This Page (optional) **855.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 12
FOR LINE NUMBER 12

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

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

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>211 East Chicago Avenue Chicago, IL 60611</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer American Student Dental Association</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 46.00</p>	<p>Date (month, day, year) 12/21/98</p>	<p>Amount of Each Receipt this Period 5.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>211 East Chicago Avenue Chicago, IL 60611</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer American Student Dental Association</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 60.00</p>	<p>Date (month, day, year) 12/21/98</p>	<p>Amount of Each Receipt this Period 5.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>211 East Chicago Avenue Chicago, IL 60611</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer American Student Dental Association</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 55.00</p>	<p>Date (month, day, year) 12/21/98</p>	<p>Amount of Each Receipt this Period 5.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>17698 SW McEwan Road Portland, 97224-7788</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Oregon Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 6,876.00</p>	<p>Date (month, day, year) 12/21/98</p>	<p>Amount of Each Receipt this Period 128.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>7833 Office Park Blvd. Baton Rouge, 70809</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Louisiana Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 13,315.00</p>	<p>Date (month, day, year) 12/21/98</p>	<p>Amount of Each Receipt this Period 175.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 17,150.00</p>	<p>Date (month, day, year) 12/21/98</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 17,250.00</p>	<p>Date (month, day, year) 12/21/98</p>	<p>Amount of Each Receipt this Period 100.00</p>

BUSITOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 12
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)
American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 100.00
	Occupation		
	Aggregate Year-to-Date > \$ 17,350.00		
B. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 25.00
	Occupation		
	Aggregate Year-to-Date > \$ 17,375.00		
C. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 25.00
	Occupation		
	Aggregate Year-to-Date > \$ 17,400.00		
D. Full Name, Mailing Address and ZIP Code PO Box 120188 Nashville, 37212 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tennessee Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 125.00
	Occupation		
	Aggregate Year-to-Date > \$ 18,665.00		
E. Full Name, Mailing Address and ZIP Code 1002 Kanawha Valley Building 300 Capitol Street Charleston, 25301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer West Virginia Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 160.00
	Occupation		
	Aggregate Year-to-Date > \$ 6,300.00		
F. Full Name, Mailing Address and ZIP Code 17888 SW McEwan Road Portland, 97224-7795 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Oregon Dental PAC	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 1,850.00
	Occupation		
	Aggregate Year-to-Date > \$ 8,725.00		
G. Full Name, Mailing Address and ZIP Code 3305 Arctic Blvd. Suite 102 Anchorage, 99503-4975 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alaska Dental PAC	Date (month, day, year) 12/31/98	Amount of Each Receipt this Period 200.00
	Occupation		
	Aggregate Year-to-Date > \$ 750.00		

SUBTOTAL of Receipts This Page (optional) **2,475.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 12
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>2033 8th Avenue Suite 333 Seattle, 98121</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Washington Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 16,833.00</p>	<p>Date (month, day, year)</p> <p>12/31/98</p>	<p>Amount of Each Receipt this Period</p> <p>2,484.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 376 1019 S. 2nd St.(zip-62704) Springfield, 62705</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Illinois Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 23,800.00</p>	<p>Date (month, day, year)</p> <p>12/31/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>One Dental Plaza North Brunswick, 08902-4311</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer New Jersey Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 25,977.00</p>	<p>Date (month, day, year)</p> <p>12/31/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>3305 Arctic Blvd. Suite 102 Anchorage, 99503-4976</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Alaska Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 850.00</p>	<p>Date (month, day, year)</p> <p>12/31/98</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 3341 Harrisburg, 17105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pennsylvania Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 14,529.00</p>	<p>Date (month, day, year)</p> <p>12/31/98</p>	<p>Amount of Each Receipt this Period</p> <p>1,427.50</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 3341 Harrisburg, 17105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pennsylvania Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 18,171.50</p>	<p>Date (month, day, year)</p> <p>12/31/98</p>	<p>Amount of Each Receipt this Period</p> <p>3,642.50</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>One Dental Plaza North Brunswick, 08902-4311</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer New Jersey Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 26,177.00</p>	<p>Date (month, day, year)</p> <p>12/31/98</p>	<p>Amount of Each Receipt this Period</p> <p>200.00</p>

SUBTOTAL of Receipts This Page (optional) 7,974.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 12
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>211 East Chicago Avenue Chicago, IL 60611</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer American Student Dental Association</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 60.00</p>	<p>Date (month, day, year) 12/31/88</p>	<p>Amount of Each Receipt this Period 6.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>7 Elk Street Albany, 12207</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer New York State Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 51,685.00</p>	<p>Date (month, day, year) 12/31/88</p>	<p>Amount of Each Receipt this Period 3,376.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>7833 Office Park Blvd. Baton Rouge, 70809</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Louisiana Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 17,645.00</p>	<p>Date (month, day, year) 12/31/88</p>	<p>Amount of Each Receipt this Period 4,330.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>7833 Office Park Blvd. Baton Rouge, 70809</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Louisiana Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 17,670.00</p>	<p>Date (month, day, year) 12/31/88</p>	<p>Amount of Each Receipt this Period 26.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 7,736.00

TOTAL This Period (last page file line number only) 34,223.50

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code Crestar Hard Dollar Acct DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/30/98	
Aggregate Year-to-Date >		\$ 1,308.91	
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date >		\$	
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date >		\$	
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date >		\$	
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date >		\$	
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date >		\$	
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date >		\$	

SUBTOTAL of Receipts This Page (optional)	172.51
TOTAL This Period (last page this line number only)	172.51

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Mellon Hard Dollar Acct MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/30/98	
Aggregate Year-to-Date > \$ 1,220.81			128.98
B. Full Name, Mailing Address and ZIP Code Crestar Hard Dollar Acct DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/30/98	
Aggregate Year-to-Date > \$ 1,137.40			53.78
C. Full Name, Mailing Address and ZIP Code Drayfus Hard Dollar Acct NJ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/30/98	
Aggregate Year-to-Date > \$ 11,246.52			531.87
D. Full Name, Mailing Address and ZIP Code Crestar Hard Dollar Acct DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/31/98	
Aggregate Year-to-Date > \$ 1,371.90			61.99
E. Full Name, Mailing Address and ZIP Code Mellon Hard Dollar Acct MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/31/98	
Aggregate Year-to-Date > \$ 1,335.09			106.18
F. Full Name, Mailing Address and ZIP Code Drayfus Hard Dollar Acct NJ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/31/98	
Aggregate Year-to-Date > \$ 11,790.52			544.40
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) 1,424.31

TOTAL This Period (last page this line number only) 1,424.31

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

Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	A. Full Name, Mailing Address and ZIP Code Mellon Hard Dollar Account MD
158.89	12/31/98	service charges-credit cards	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	B. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	C. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	D. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	E. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	F. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	G. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	H. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	I. Full Name, Mailing Address and ZIP Code

NAME OF COMMITTEE (in full) _____
 American Dental Political Action Committee

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.

ITEMIZED DISBURSEMENTS

SCHEDULE B

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Terrance Group, Inc. 201 N. Union Street Suite 410 Alexandria, VA 22314	25% of benchmark survey to Ganske campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	11/25/98	2,500.00 (Memo Entry)
People for Ganske Committee 621 E. Locust Avenue Des Moines, IA 50308	25% of benchmark survey to Ganske campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	11/25/98	2,500.00 (Memo Entry)
Committee for John H. Isakson GA	John H. Isakson, U.S. SENATE GA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Election-Georgia	12/15/98	5,000.00
Republican National Committee 310 First Street S.E. Washington, DC 20003	1998 membership dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/98	15,000.00
Democratic National Committee 430 S. Capitol St., SE Washington, DC 20003	1998 membership dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/98	15,000.00
Committee for Spencer Abraham MI	Spencer Abraham, U.S. SENATE MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/16/98	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

36,000.00

TOTAL This Period (last page this line number only)

36,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1/28/99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
Q M	1/28/99
PREPARER	DATE PREPARED