

**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

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00000729

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
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)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

10

21

2014

(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

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

10

01

2014

10

15

2014

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 C. Harrison

Signature of Treasurer

Dr Thomas C. Harrison

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

11

05

2014

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
10		15		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		395213.02
(b) Cash on Hand at Beginning of Reporting Period.....	340201.86	
(c) Total Receipts (from Line 19) .....	319028.30	1285351.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	659230.16	1680564.43
7. Total Disbursements (from Line 31) .....	95175.00	1116509.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	564055.16	564055.16
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

## For further information contact:

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

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

# **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:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
10		15		2014

**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).....

313759.67

541682.08

(ii) Unitemized .....

4555.83

627192.36

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

318315.50

1168874.44

(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) ..... ▶

318315.50

1168874.44

## 12. Transfers From Affiliated/Other

Party Committees.....

712.80

113746.87

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

230.10

## 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))..... ▶

319028.30

1285351.41

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

319028.30

1285351.41

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	0.00	6284.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	6284.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	150000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	92500.00	953100.00
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 .....	2675.00	5675.00
(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)).....	2675.00	5675.00
29. Other Disbursements .....	0.00	1450.00
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)) ..	95175.00	1116509.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95175.00	1116509.27

**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) .....	318315.50	1168874.44
34. Total Contribution Refunds (from Line 28(d)) .....	2675.00	5675.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	315640.50	1163199.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	6284.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	6284.27

# **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 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Carolyn B Walker**

Mailing Address 8407 Grapevine Pass

City

San Antonio

State

TX

Zip Code

78255-2263

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 ▼

840.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12758554**

Amount of Each Receipt this Period

840.00

Full Name (Last, First, Middle Initial)

**B. Dr Rocky L Napier**

Mailing Address 132 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12758709**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr Deborah J Aten**

Mailing Address 5002 Whitwell Ct

City

Charlotte

State

NC

Zip Code

28226-2602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12758716**

Amount of Each Receipt this Period

1000.00

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

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

2084.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Michael J Link**

Mailing Address 4 Assembly Ct

City

Newport News

State

VA

Zip Code

23606-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : 12758720

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr David C Anderson**

Mailing Address 9028 Parliament Dr

City

Burke

State

VA

Zip Code

22015-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : 12758722

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr L Tanya J Bailey**

Mailing Address 102 Suffolk Pl

City

Chapel Hill

State

NC

Zip Code

27516-7799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : 12758724

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 233

(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. Mr. Phil Latham**

Mailing Address South Carolina Dental Association  
120 Stonemark Lane

City State Zip Code  
Columbia SC 29210-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Dental Association

Occupation  
executive director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12758765**

Amount of Each Receipt this Period

250.00

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  
self-employed

Occupation  
homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12758767**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Ronald D Venezie**

Mailing Address 646 Angelica Circle

City State Zip Code  
Cary NC 27518-8727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12758770**

Amount of Each Receipt this Period

1000.00

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

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

1750.00



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

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PAGE 9 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr John G Buchanan**

Mailing Address 910 Country Club Dr

City

Lexington

State

NC

Zip Code

27292-5418

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 ▼

1250.00

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : 12758772**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Jeanie Buchanan**

Mailing Address 910 Country Club Drive

City

Lexington

State

NC

Zip Code

27292-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : 12758774**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Rebecca Susan King**

Mailing Address 1435 Poinsett Drive

City

Chapel Hill

State

NC

Zip Code

27517-9233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : 12758776**

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Alonzo M Bell**

Mailing Address 3507 Malvern Ct

City

Alexandria

State

VA

Zip Code

22304-1852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : 12758778**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr William Vincent Dougherty III**

Mailing Address 3701 25th St N

City

Arlington

State

VA

Zip Code

22207-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : 12758780**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : 12758792**

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 233  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Mark A Crabtree**

Mailing Address 1100 Mulberry Rd

City State Zip Code  
Martinsville VA 24112-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12759143**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Cynthia Southern**

Mailing Address 4457 Left Fork Ln

City State Zip Code  
Pulaski VA 24301-7489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12759147**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Don Southern**

Mailing Address 62 G Main Street

City State Zip Code  
Pulaski VA 24301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cynthia M. Southern, DDS

Occupation

dental assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12759149**

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Ralph L Howell Jr**

Mailing Address 117 Sleepy Ridge Ct

City  
SuffolkState  
VAZip Code  
23435-1357FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : 12759153

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Kirk Norbo**Mailing Address PO Box 355  
PO Box 300

City

Waterford

State

VA

Zip Code

20197-0355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : 12759155

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Richard L Taliaferro**

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

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : 12759286

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr David C Sarrett**

Mailing Address 306 N 26th St Apt 233  
520 N 12th St

City State Zip Code  
Richmond VA 23223-7266

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12759288**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Maynard P Phelps**

Mailing Address 10121 Fire Tower Road

City State Zip Code  
Toano VA 23168-9508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12759292**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Joy Leatrice B Phelps**

Mailing Address 901 Enterprise Pkwy

City State Zip Code  
Hampton VA 23666-6249

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  
10 / 01 / 2014

**Transaction ID : 12759294**

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 14 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Rodney J Klima**

Mailing Address 9807 Flintridge Ct

City  
Fairfax

State  
VA

Zip Code  
22032-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12759296**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr William M Litaker Jr**

Mailing Address 1092 13th Ave NW

City  
Hickory

State  
NC

Zip Code  
28601-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12759298**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Rex Brown Card**

Mailing Address 1732 Chalk Rd

City  
Wake Forest

State  
NC

Zip Code  
27587-9160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12759300**

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert G Plage**

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-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12759302**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Wilson O Kelly Jewell**

Mailing Address 5012 Crown Point Lane

City  
Wilmington

State  
NC

Zip Code  
28409-3298

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12759304**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr William E Williams**

Mailing Address 2799 Charles Blvd

City  
Greenville

State  
NC

Zip Code  
27858-5933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12759306**

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert P Hollowell Jr**

Mailing Address 101 Glenspring Way

City

Morrisville

State

NC

Zip Code

27560-6994

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12759308**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Gavin Gibbs Harrell**

Mailing Address 108 Laurel Ct

City

State Road

State

NC

Zip Code

28676-9297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12759310**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr D Gregory Chadwick**

Mailing Address 408 Forrest Park

City

Greenville

State

NC

Zip Code

27858-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : 12759312**

Amount of Each Receipt this Period

500.00

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

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

1500.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Scott W Cashion**

Mailing Address 402 Turnstone Trl

City

Greensboro

State

NC

Zip Code

27455-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12759314**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr M Alec Parker**

Mailing Address 3333 Sunstone Drive

City

Cary

State

NC

Zip Code

27519-4444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12759396**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Nona I Breeland**

Mailing Address 2524 Mill Ridge Lane

City

Chapel Hill

State

NC

Zip Code

27514-8239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12759398**

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jane A Weintraub**

Mailing Address 1090 Old Dental

City

Chapel Hill

State

NC

Zip Code

27599-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12759769**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Daniel Keith Cheek**

Mailing Address 24 Sinnott Cir

City

Durham

State

NC

Zip Code

27713-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12759784**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr J. Jackson Teague III**

Mailing Address 6 Yorkshire Street

City

Asheville

State

NC

Zip Code

28803-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12760011**

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 19 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Edward M Wise Sr**

Mailing Address 158 Spanish Point Dr

City

Beaufort

State

SC

Zip Code

29902-6126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2014

Transaction ID : 12760013

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Christopher Thomas Griffin**

Mailing Address 43 Rivers Way

City

Abbeville

State

SC

Zip Code

29620-5242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2014

Transaction ID : 12760015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr John J Sanders**

Mailing Address 24 Morgan Place Dr

City

Isle Of Palms

State

SC

Zip Code

29451-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2014

Transaction ID : 12760017

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Thomas R Edmonds**

Mailing Address 122 Woodbridge Dr

City

Lexington

State

SC

Zip Code

29072-9556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : 12761096**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Gloria B Pipkin**

Mailing Address 1624 Dennis Blvd

City

Moncks Corner

State

SC

Zip Code

29461-9243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : 12761233**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr H Lee Gardner Jr**

Mailing Address 509 E Lydia Hwy

City

Hartsville

State

SC

Zip Code

29550-6309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : 12761236**

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Charles B Maxwell**

Mailing Address 441 Country Club Dr

City State Zip Code  
 Johnsonville SC 29555-6608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : 12761238**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Rickland G Asai**

Mailing Address 2640 Orchard Hill Pl

City State Zip Code  
 Lake Oswego OR 97035-1135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : 12761248**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Elizabeth Asai**

Mailing Address 11786 SW Barnes Road

City State Zip Code  
 Portland OR 97225-5925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreen's

Occupation

pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : 12761252**

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 22 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr David M Minahan**

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-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 02 / 2014

**Transaction ID : 12761254**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Heather A Willis**

Mailing Address 665 Knightsbridge Rd

City

Fairbanks

State

AK

Zip Code

99709-2467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 02 / 2014

**Transaction ID : 12761258**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Kimberly R Wright**

Mailing Address 5550 Summit St

City

West Linn

State

OR

Zip Code

97068-2860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 02 / 2014

**Transaction ID : 12761260**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James Lloyd Ribary**

Mailing Address 3004 91st Avenue Ct NW

City

Gig Harbor

State

WA

Zip Code

98335-6062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12761262**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Danny G Warner**

Mailing Address 2801 NW 24th Ave

City

Camas

State

WA

Zip Code

98607-8016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762079**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Ronald D Dahl**

Mailing Address 2030 Alder Street

City

Ferndale

State

WA

Zip Code

98248-7727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762081**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Joni D Young**

Mailing Address 7852 Pudding Creek Dr SE

City  
Salem

State  
OR

Zip Code  
97317-8908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762083**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Jack D Klure**

Mailing Address 3752 W Magic Spruce Dr

City  
Meridian

State  
ID

Zip Code  
83646-4845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762085**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Judd R Larson**

Mailing Address 1389 Highcrest Dr

City  
Medford

State  
OR

Zip Code  
97504-9351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762087**

Amount of Each Receipt this Period

250.00

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

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

1000.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jill M Price**

Mailing Address 3630 NW Thurman St

City

Portland

State

OR

Zip Code

97210-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762090**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Frank A. Kyle Jr**

Mailing Address 3909 Rive Dr

City

Alexandria

State

VA

Zip Code

22309-3053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Dental Association

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762093**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr Gregory J Bengtson**

Mailing Address 3434 Country Club Dr

City

Lewiston

State

ID

Zip Code

83501-9659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762095**

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 26 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Scott H Kido**

Mailing Address 1220 Torrey Ln

City State Zip Code  
Nampa ID 83686-5664

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  
10 / 02 / 2014

**Transaction ID : 12762098**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Sammy B Pak**

Mailing Address 409 2nd Street

City State Zip Code  
Puyallup WA 98372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : 12762100**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bracken Killpack**

Mailing Address 1000 Fourth Avenue, Suite 3800

City State Zip Code  
Seattle WA 98104-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Dental Association

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : 12762102**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Sean Aaron Benson**

Mailing Address 810 E Fairway Dr

City

Baker City

State

OR

Zip Code

97814-4372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762104**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Tracy C Savage**

Mailing Address 2192 Candlewood Ave

City

Twin Falls

State

ID

Zip Code

83301-8363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762110**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Roger K Newman**

Mailing Address PO Box 1455

City

Columbia Falls

State

MT

Zip Code

59912-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2014

**Transaction ID : 12762161**

Amount of Each Receipt this Period

500.00

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

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

1250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George Jedlicka

Mailing Address 290 Arbor Ave.

City State Zip Code  
Soldotna, AK 99669-7664 AK

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  
10 / 02 / 2014

Transaction ID : 12762163

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr David Eichler

Mailing Address 100 Eagle Ridge Rd

City State Zip Code  
Fairbanks AK 99712-1225

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  
10 / 02 / 2014

Transaction ID : 12762165

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Edith Jane Gillette

Mailing Address 108 Village Downtown Blvd

City State Zip Code  
Bozeman MT 59715-3815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

Transaction ID : 12762167

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Steven J Hill**

Mailing Address 4106 103rd St

City

Lubbock

State

TX

Zip Code

79423-5192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 04 / 2014

**Transaction ID : 12765064**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr. Lisa A Heinrich-Null**

Mailing Address 801 Champions Row

City

Victoria

State

TX

Zip Code

77904-3317

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 ▼

416.70

Date of Receipt

10 / 05 / 2014

**Transaction ID : 12765069**

Amount of Each Receipt this Period

416.70

Full Name (Last, First, Middle Initial)

**c. Dr Larry Wilson Spradley**

Mailing Address 1321 Regency Ct

City

Southlake

State

TX

Zip Code

76092-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 05 / 2014

**Transaction ID : 12768452**

Amount of Each Receipt this Period

250.00

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

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

1291.67

# **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 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Paul A Kennedy III**

Mailing Address 4957 Cherry Hills Dr

City

Corpus Christi

State

TX

Zip Code

78413-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 05 / 2014

**Transaction ID : 12768454**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Douglas P Walsh**

Mailing Address 4853 Beach Dr SW

City

Seattle

State

WA

Zip Code

98116-4342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12769993**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr William H Bragdon**

Mailing Address 2 Sugarberry Ct

City

Greenville

State

SC

Zip Code

29615-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12778648**

Amount of Each Receipt this Period

500.00

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

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

1250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Keith W Dickey

Mailing Address 33 Glen Echo Dr

City

Edwardsville

State

IL

Zip Code

62025-3702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

Transaction ID : 12783070

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. Peg Dickey

Mailing Address 33 Glen Echo Drive

City

Edwardsville

State

IL

Zip Code

62025-3702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

Transaction ID : 12783736

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Keith A Evans

Mailing Address 3002 Rusty Ln

City

Bloomington

State

IL

Zip Code

61704-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

Transaction ID : 12783954

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 233

☒ 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 Robert N Bitter**

Mailing Address 13 Goshen Woods Est

City

Edwardsville

State

IL

Zip Code

62025-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12783957**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Mark J Humenik**

Mailing Address 2211 Illinois Rd

City

Northbrook

State

IL

Zip Code

60062-5236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12783959**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Bradley W Barnes**

Mailing Address 13775 Benjamin Ct

City

Bloomington

State

IL

Zip Code

61705-5143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12783961**

Amount of Each Receipt this Period

1000.00

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

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

3000.00



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

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

FOR LINE NUMBER: PAGE 33 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Phillip J Fijal**

Mailing Address 918 Lakewood Dr

City

Barrington

State

IL

Zip Code

60010-4696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

Transaction ID : 12783963

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Barbara L Mousel**

Mailing Address 6029 W Patterson Ave

City

Chicago

State

IL

Zip Code

60634-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

Transaction ID : 12783965

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Cheryl D Watson-Lowry**

Mailing Address 4459 S Lake Park Ave

City

Chicago

State

IL

Zip Code

60653-3722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

Transaction ID : 12783967

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

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 34 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Ronald D Riggins**

Mailing Address 4210 5th Ave

City  
Moline

State  
IL

Zip Code  
61265-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 12783969**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Brian M Caraba**

Mailing Address 2014 Burr Oak Dr W

City  
Glenview

State  
IL

Zip Code  
60025-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 12783971**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr Bryan C Blew**

Mailing Address 2506 40th St

City  
Rock Island

State  
IL

Zip Code  
61201-5740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 12783973**

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Edward H Segal**

Mailing Address 1349 Gail Dr

City

Buffalo Grove

State

IL

Zip Code

60089-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12783975**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Frank A Maggio**

Mailing Address 35W332 Chateau Dr W

City

Dundee

State

IL

Zip Code

60118-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12783977**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Stacey K Van Scoyoc**

Mailing Address 13773 Shelby Ct

City

Bloomington

State

IL

Zip Code

61705-7812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12783979**

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Timmothy J Schwartz**

Mailing Address 1411 N 10th St

City State Zip Code  
Pekin IL 61554-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 12783981**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Chris Schwartz**

Mailing Address 1411 N. 10th Street

City State Zip Code  
Pekin IL 61554-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 12783983**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Richard A Bona Jr**

Mailing Address 1337 Inverness Ln

City State Zip Code  
Schererville IN 46375-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 12783985**

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr George R Zehak**

Mailing Address 403 Ascot Ln

City

Oak Brook

State

IL

Zip Code

60523-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12783987**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Petra Von Heimbarg**

Mailing Address 12 Back Bay Dr

City

South Barrington

State

IL

Zip Code

60010-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12783989**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Brandon Robert Maddox**

Mailing Address 6241 Horseview Dr

City

Springfield

State

IL

Zip Code

62712-8667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 12783991**

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 38 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Alice G Boghosian**

Mailing Address 6036 N Navarre Ave

City State Zip Code  
Chicago IL 60631-2629

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  
10 / 06 / 2014

**Transaction ID : 12783993**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Victoria A Ursitti**

Mailing Address 1115 E Mayfair Rd

City State Zip Code  
Arlington Heights IL 60004-6725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 12783996**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Terri S Tiersky**

Mailing Address 1626 Robin Hood Pl

City State Zip Code  
Highland Park IL 60035-2234

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  
10 / 06 / 2014

**Transaction ID : 12783998**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 39 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr William J Moorhead**

Mailing Address 414 Elizaville Ave

City

Flemingsburg

State

KY

Zip Code

41041-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 07 / 2014

Transaction ID : 12784020

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert James O'Donnell**

Mailing Address 235 Buckland Run

City

Milton

State

GA

Zip Code

30004-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 07 / 2014

Transaction ID : 12784356

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Debrah Jean Worsham**

Mailing Address 2204 FM 2428

City

Joaquin

State

TX

Zip Code

75954-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 07 / 2014

Transaction ID : 12784547

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1625.00

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 40 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Steven L Hechler**

Mailing Address 11533 Canterbury Cir

City

Leawood

State

KS

Zip Code

66211-2918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2014

**Transaction ID : 12784553**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Walter F Lamacki**

Mailing Address 680 N Lake Shore Dr Apt 207

City

Chicago

State

IL

Zip Code

60611-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 08 / 2014

**Transaction ID : 12785131**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**c. Dr Matthew James Campbell Jr**

Mailing Address 1601 Elsdon Cir

City

Carmichael

State

CA

Zip Code

95608-6016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 08 / 2014

**Transaction ID : 12785955**

Amount of Each Receipt this Period

1500.00

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

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

2125.00



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

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

FOR LINE NUMBER: PAGE 41 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Jacqueline M. Plemons**

Mailing Address 7923 Glade Hill Ct

City State Zip Code  
 Dallas TX 75218-4510

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 08 2014

Transaction ID : 12785961

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Mark A Bauman**

Mailing Address 157 Lake Ave

City State Zip Code  
 Saratoga Springs NY 12866-2532

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 09 2014

Transaction ID : 12785987

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Thomas Richard a'Becket**

Mailing Address 510 Bramblewood Ct

City State Zip Code  
 Millersville MD 21108-1889

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  
 10 09 2014

Transaction ID : 12785993

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Alan L Felsenfeld**

Mailing Address 13218A Fiji Way

UCLA School of Dentistry, 53-076

City

Marina Del Rey

State

CA

Zip Code

90292-7067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : 12785995**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr George R Shepley**

Mailing Address 6 Stevensgate Ct

City

Baltimore

State

MD

Zip Code

21212-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : 12785997**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Dr David J Dowsett**

Mailing Address 10540 SW Terwilliger Pl

City

Portland

State

OR

Zip Code

97219-7826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : 12785999**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 43 OF 233

(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 Andrew P Soderstrom

Mailing Address 1001 Sycamore Ave

City

Modesto

State

CA

Zip Code

95350-5233

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  
10 / 09 / 2014

Transaction ID : 12786015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Patrick J Foy

Mailing Address 2910 Minnehaha Curv

City

Wayzata

State

MN

Zip Code

55391-2528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : 12786024

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Neal R Levitt

Mailing Address 1390 Clover St

City

Rochester

State

NY

Zip Code

14610-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : 12786027

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Stephen O Glenn**

Mailing Address 6639 S New Haven Ave

City State Zip Code  
Tulsa OK 74136-2843

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : 12786030

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Dr Larry F Browder**

Mailing Address 9725 Ivy Green Dr

City State Zip Code  
Montgomery AL 36117-5152

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  
10 / 09 / 2014

Transaction ID : 12786032

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr David J Miller**

Mailing Address 2232 4th St

City State Zip Code  
East Meadow NY 11554-1832

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  
10 / 09 / 2014

Transaction ID : 12786040

Amount of Each Receipt this Period

250.00

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

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

875.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Mark J Weinberger**

Mailing Address 78 Southbury Rd

City

Clifton Park

State

NY

Zip Code

12065-7709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786042**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr John R Roberts**

Mailing Address 3574 W County Road 200 N

City

Connersville

State

IN

Zip Code

47331-9774

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786049**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. David Owsiany**

Mailing Address Ohio Dental Association  
1370 Dublin Road

City

Columbus

State

OH

Zip Code

43215-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786072**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Virginia A Merchant**

Mailing Address 808 University Pl  
School of Dentistry

City State Zip Code  
Grosse Pointe MI 48230-1263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : 12786082**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr William K Lobb**

Mailing Address 1142 Eastern Trl

City State Zip Code  
Mukwonago WI 53149-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : 12786088**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Dr Thomas C Petraitis**

Mailing Address

City State Zip Code  
PA

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  
10 / 09 / 2014

**Transaction ID : 12786090**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jeffrey E Dodge**

Mailing Address 45 Payson St

City

Attleboro

State

MA

Zip Code

02703-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786093**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Craig S Ratner**

Mailing Address 7 Morgan Way

City

Scotch Plains

State

NJ

Zip Code

07076-2953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786096**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Kevin A Henner**

Mailing Address 24 Round Tree Dr

City

Melville

State

NY

Zip Code

11747-3315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786167**

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 48 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Paul R Leary**

Mailing Address 17 Windwood Dr

City State Zip Code  
 Nesconset NY 11767-1624

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  
 10 09 2014

**Transaction ID : 12786326**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Steven Ira Snyder**

Mailing Address 41 Elderwood Dr

City State Zip Code  
 Saint James NY 11780-3438

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  
 10 09 2014

**Transaction ID : 12786328**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Jane R Darviche**

Mailing Address 24 Round Tree Dr

City State Zip Code  
 Melville NY 11747-3315

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  
 10 09 2014

**Transaction ID : 12786331**

Amount of Each Receipt this Period

250.00

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

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

750.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Marshall Hamilton Mann**

Mailing Address 513 E 9th St SE

City

Rome

State

GA

Zip Code

30161-6211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786332**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr G. Kirk Gleason**

Mailing Address 539 Clifton Park Ctr Rd

City

Clifton Park

State

NY

Zip Code

12065-4925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786340**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Jonathan David Shenkin**

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-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786343**

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 50 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr David M White**

Mailing Address 11245 Torino Way

City State Zip Code  
 Reno NV 89521-4238

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  
 10 09 2014

**Transaction ID : 12786345**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr Steven M Erlandson**

Mailing Address 2143 26th Ave S

City State Zip Code  
 Grand Forks ND 58201-6486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 09 2014

**Transaction ID : 12786348**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Dr Terry Lee Fiddler**

Mailing Address 3010 Collins Dr

City State Zip Code  
 Conway AR 72034-8426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 09 2014

**Transaction ID : 12786350**

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 51 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Mark Stephen Chaney**

Mailing Address 241 Penns Chapel Rd

City State Zip Code  
Mandeville LA 70471-2509

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  
10 09 2014

**Transaction ID : 12786357**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Ron J Seeley**

Mailing Address 1511 E Hillcourt

City State Zip Code  
Williston ND 58801-4460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 09 2014

**Transaction ID : 12786358**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Christopher M Tota**

Mailing Address 92 Krystal Dr

City State Zip Code  
Somers NY 10589-3036

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  
10 09 2014

**Transaction ID : 12786360**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Brendan P Dowd**

Mailing Address 115 Deerhurst Park Blvd

City

Kenmore

State

NY

Zip Code

14217-2157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786363**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Daniel B Krantz**

Mailing Address 24 Ruppert Dr

City

Somerset

State

NJ

Zip Code

08873-7343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786366**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Stacey G Gardner**

Mailing Address 2409 Covemont Dr SE

City

Huntsville

State

AL

Zip Code

35801-2260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786370**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 53 OF 233  
(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 Andrew B Brown**

Mailing Address 1102 Wyndegate Dr

City

Orange Park

State

FL

Zip Code

32073-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786372**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Linda K Himmelberger**

Mailing Address 43 Oak Knoll Dr

City

Berwyn

State

PA

Zip Code

19312-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786374**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Samuel E Selcher**

Mailing Address

City

State

PA

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786376**

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Ronald L. Tankersley**

Mailing Address 716 Denbigh Blvd.

City

Newport News

State

VA

Zip Code

23608-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786379**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Nolan W Allen**

Mailing Address 9159 Jakes Path

City

Largo

State

FL

Zip Code

33771-6312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786383**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr L Stephen Ortego**

Mailing Address 3935 Monroe Hwy

City

Ball

State

LA

Zip Code

71405-3930

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 ▼

812.50

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786385**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Neil C Nunokawa**

Mailing Address 603 Kiekie Way

City

Wailuku

State

HI

Zip Code

96793-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786387**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Edmund Anthony Cassella**

Mailing Address 744 Onaha St

City

Honolulu

State

HI

Zip Code

96816-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786389**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr Curt S Shimizu**

Mailing Address 108 S Kuakini St Apt 1

City

Honolulu

State

HI

Zip Code

96813-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786391**

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Eugene G Porcelli**

Mailing Address 837 Townline Rd

City

State

Zip Code

Hauppauge

NY

11788-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

Transaction ID : 12786394

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr AJ Smith**

Mailing Address 1059 Military Dr

City

State

Zip Code

Salt Lake City

UT

84105-1747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

Transaction ID : 12786396

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert J Wilson Jr**

Mailing Address 24217 Muscari Ct

City

State

Zip Code

Gaithersburg

MD

20882-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

Transaction ID : 12786398

Amount of Each Receipt this Period

250.00

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

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

1750.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Joseph F Hagenbruch**

Mailing Address 404 W McKinley St

City

Harvard

State

IL

Zip Code

60033-2160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786400**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Dr Valerie Budar Peckosh**

Mailing Address 2310 Simpson St

City

Dubuque

State

IA

Zip Code

52003-7719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786404**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr John S McIntyre**

Mailing Address 1020 78th St

City

Brooklyn

State

NY

Zip Code

11228-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786406**

Amount of Each Receipt this Period

250.00

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

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

1625.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Howard I A Lieb**

Mailing Address 37 Windsor Rd

City

Staten Island

State

NY

Zip Code

10314-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786408**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Dale A Nester**

Mailing Address 917 W Center St

City

Ithaca

State

MI

Zip Code

48847-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786410**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Douglas B Torbush**

Mailing Address 5360 Kanawha Ct

City

Stone Mountain

State

GA

Zip Code

30087-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786414**

Amount of Each Receipt this Period

750.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Walter I Chinoy**

Mailing Address 1594 Shackamaxon Dr

City

Scotch Plains

State

NJ

Zip Code

07076-4764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786416**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr John J Mooney**

Mailing Address 84 Bosworth Rd

City

Pomfret Center

State

CT

Zip Code

06259-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786418**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr John Liang**

Mailing Address 3675 Mohawk St

City

New Hartford

State

NY

Zip Code

13413-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786420**

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jean L Creasey**

Mailing Address 10882 Hidden Lake Ct

City

Nevada City

State

CA

Zip Code

95959-8224

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 ▼

1500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786422**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Andrew G Vorrasi**

Mailing Address 155 Georgian Court Rd

City

Rochester

State

NY

Zip Code

14610-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786424**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Dr Minerva Patel**

Mailing Address 12 Orchard Drive

City

Tarrytown

State

NY

Zip Code

10591-7504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12786426**

Amount of Each Receipt this Period

500.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr C William Bill D'Aiuto**

Mailing Address 168 Seville Chase Dr

City

Winter Springs

State

FL

Zip Code

32708-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787694**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Frank C Barnashuk**

Mailing Address 29 Windgate St

City

Orchard Park

State

NY

Zip Code

14127-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787697**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr David K Okano**

Mailing Address 2107 Prairie Ave

City

Rock Springs

State

WY

Zip Code

82901-6764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787700**

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 62 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr C Rieger Wood III**

Mailing Address 2216 E 47th St

City

Tulsa

State

OK

Zip Code

74105-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787702**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr John W M Carter**

Mailing Address 11708 Overbrook Rd

City

Leawood

State

KS

Zip Code

66211-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787704**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr S Jerry Long**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787706**

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michael Shreck**

Mailing Address 306 Harbor Dr

City

Lido Beach

State

NY

Zip Code

11561-4907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787708**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr J Mark Thomas**

Mailing Address 482 S County Road 300 E

City

Brownstown

State

IN

Zip Code

47220-9704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787710**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr David L Hamel**

Mailing Address 1900 Jenkins St

City

Marysville

State

KS

Zip Code

66508-1351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787712**

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Brian Silverman**

Mailing Address 501 Springfield Ave

City

Cranford

State

NJ

Zip Code

07016-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787725**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Donald L Seago**

Mailing Address 2133 Brackenshire Cir

City

Jackson

State

MS

Zip Code

39211-5837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787727**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Barbara Ann Rich**

Mailing Address 2 Kendles Run Rd

City

Moorestown

State

NJ

Zip Code

08057-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787730**

Amount of Each Receipt this Period

500.00

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

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

1250.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Ned James Murphy**

Mailing Address 5718 Wildwood Dr

City

Racine

State

WI

Zip Code

53403-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787750**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Hal E. Hale**

Mailing Address 1247 N. Bracken Court  
Building F, Suite 100

City

Wichita

State

KS

Zip Code

67206-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787752**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Joseph S Modica**

Mailing Address 571 Bauman Ct

City

Williamsville

State

NY

Zip Code

14221-2769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787754**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 66 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Charles D Calhoon**

Mailing Address 21 Welwyn Rd

City State Zip Code  
 Newark DE 19711-2463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787756**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr William A Hadlock**

Mailing Address 7934 Wrenwood Blvd.

City State Zip Code  
 Baton Rouge LA 70809-7703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787768**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Mario A Silvestri**

Mailing Address 501 Plaza Drive

City State Zip Code  
 Vestal NY 13850-3670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787770**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert Tremblay**

Mailing Address 11552 E 12 Mile Rd

City

Warren

State

MI

Zip Code

48093-2644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787773**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Larry DeGroat**

Mailing Address 13924 Edenderry Dr

City

South Lyon

State

MI

Zip Code

48178-9598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787774**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr William A Patchak**

Mailing Address 2317 Smalley St

City

Jackson

State

MI

Zip Code

49203-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787776**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Bryan Joseph Shanahan**

Mailing Address 1130 N Conifer Rd

City

State

Zip Code

Flagstaff

AZ

86001-1284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787778**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Daniel W Fridh**

Mailing Address 3633 W Waverly Rd

City

State

Zip Code

La Porte

IN

46350-7984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787784**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Anand V Rao**

Mailing Address 1845 Walnut Street

City

State

Zip Code

Philadelphia

PA

19103-4707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787789**

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 69 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Mark J. Feldman**

Mailing Address 5 Vanad Dr

City State Zip Code  
Roslyn NY 11576-2526

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : 12787791

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Richard J Rosato**

Mailing Address 29 Coventry Rd  
Capitol Ctr for OMS

City State Zip Code  
Concord NH 03301-3027

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  
10 / 09 / 2014

Transaction ID : 12787804

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Zacharias J Kalarickal**

Mailing Address 2400 Amberside Way

City State Zip Code  
Wesley Chapel FL 33544-8716

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : 12787806

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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

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

FOR LINE NUMBER: PAGE 70 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Cesar R Sabates**

Mailing Address 8700 SW 93rd Ct

City State Zip Code  
Miami FL 33173-4511

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  
10 / 09 / 2014

**Transaction ID : 12787816**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr Jeffery C B Stewart**

Mailing Address 1810 SW Pendleton St

City State Zip Code  
Portland OR 97239-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : 12787818**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Dr Jolene O Paramore**

Mailing Address 2515 W 33rd St

City State Zip Code  
Panama City FL 32405-1950

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  
10 / 09 / 2014

**Transaction ID : 12787822**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 71 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Scott J Farrell**

Mailing Address 125 Chalburn Rd

City  
VestalState  
NYZip Code  
13850-2811FEC 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  
 10 / 09 / 2014

Transaction ID : 12787824

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr James W Antoon**

Mailing Address 578 Wethersfield Pl

City

Melbourne

State

FL

Zip Code

32940-1879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2014

Transaction ID : 12787826

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr Ted Sherwin**

Mailing Address 10212 Little Skyline Drive

City

Orange

State

VA

Zip Code

22960-2214

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  
 10 / 09 / 2014

Transaction ID : 12787829

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Sidney A Whitman**

Mailing Address 52 Florence Ln

City

Princeton

State

NJ

Zip Code

08540-2631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

Transaction ID : 12787831

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Terry Daniel Dickinson**

Mailing Address 105 Kennondale Ln

City

Richmond

State

VA

Zip Code

23226-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

Transaction ID : 12787833

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Debra A Peters**

Mailing Address 1533 Crystalline Dr SE

City

Caledonia

State

MI

Zip Code

49316-7987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

Transaction ID : 12787835

Amount of Each Receipt this Period

250.00

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

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

1250.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Laura Williams**

Mailing Address 2012 Center Court Dr

City

Wenatchee

State

WA

Zip Code

98801-7305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787837**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Richard A Huot**

Mailing Address 8776 W Orchid Island Cir

City

Vero Beach

State

FL

Zip Code

32963-4149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787839**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**c. Dr Christopher Garrett Liang**

Mailing Address 10421 Englishman Dr

City

Rockville

State

MD

Zip Code

20852-4663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787841**

Amount of Each Receipt this Period

250.00

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Richard P Herman**

Mailing Address 2 Lockwood Ln

City

New Windsor

State

NY

Zip Code

12553-8869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787843**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Mary J Hayes**

Mailing Address 2648 N Bosworth Ave

City

Chicago

State

IL

Zip Code

60614-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787845**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Daniel J Gesek Jr**

Mailing Address 3829 Cricket Cove Rd E

City

Jacksonville

State

FL

Zip Code

32224-8403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787847**

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 OF 233

☒ 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 Lloyd J. Hagedorn**

Mailing Address 6409 E Canal Pointe Ln

City

Fort Wayne

State

IN

Zip Code

46804-4700

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 ▼

750.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787849**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dr Jay Ralph Wells III**

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 ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787851**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Bruce G Toy**

Mailing Address 3738 Wood Duck Cir

City

Stockton

State

CA

Zip Code

95207-5232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787853**

Amount of Each Receipt this Period

250.00

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 76 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jeffrey A Platt**

Mailing Address 7817 N Chester Ave

City

Indianapolis

State

IN

Zip Code

46240-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787855**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Dennis A Zabelsky**

Mailing Address 3731 Sunset Dr

City

Munhall

State

PA

Zip Code

15120-3039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787858**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr Sally J. Cram**

Mailing Address 7727 Ogden Ct

City

Falls Church

State

VA

Zip Code

22043-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787860**

Amount of Each Receipt this Period

1000.00

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

2250.00

**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 77 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Patsy K Fujimoto**

Mailing Address 224 Haili Street

City  
Hilo

State  
HI

Zip Code  
96720-2975

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : 12787862**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Donald P Rollofson**

Mailing Address 2337 Dodge Ln

City  
Carmichael

State  
CA

Zip Code  
95608-5208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : 12787864**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Lynn Fujimoto**

Mailing Address 98-660 Papalealii St

City  
Aiea

State  
HI

Zip Code  
96701-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : 12787866**

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 78 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Virginia A Hughson-Otte**

Mailing Address 26359 MacMillan Ranch Rd

City State Zip Code  
Canyon Country CA 91387-4041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 09 2014

**Transaction ID : 12787868**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Prabha Krishnan**

Mailing Address 148 Elm St

City State Zip Code  
Roslyn Heights NY 11577-1210

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  
10 09 2014

**Transaction ID : 12787871**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr James F Dolin**

Mailing Address 39 Westwood Ln

City State Zip Code  
Woodbury NY 11797-2600

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  
10 09 2014

**Transaction ID : 12787877**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 79 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Kim U Jernigan**

Mailing Address 1326 E LEE ST

City

Pensacola

State

FL

Zip Code

32503-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2014

Transaction ID : 12787882

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Thomas J Hajek**

Mailing Address 1620 Riverview Dr

City

Huron

State

SD

Zip Code

57350-4208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2014

Transaction ID : 12787884

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Kevin D Horner**

Mailing Address 2515 W Sleigh Creek Cir

City

Sioux Falls

State

SD

Zip Code

57108-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2014

Transaction ID : 12787886

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 233  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Grant Steven Titze**

Mailing Address 1006 17th St NE

City

Watertown

State

SD

Zip Code

57201-6767

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 ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : 12787890**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert M Maguire Jr**

Mailing Address 47 Abenauke Dr

City

Wolfeboro

State

NH

Zip Code

03894-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : 12787891**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Mark Andrew Schlothauer**

Mailing Address

City

State

NE

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : 12787894**

Amount of Each Receipt this Period

250.00

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

2000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Bertram Jeffrey Hughes**

Mailing Address PO Box 141131

City

Gainesville

State

FL

Zip Code

32614-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787896**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Thomas L Ludwig**

Mailing Address 3022 Country Club Pkwy

City

Harlan

State

IA

Zip Code

51537-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787898**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Howard W Taylor**

Mailing Address 2985 Valley View Ln

City

New Brighton

State

MN

Zip Code

55112-4460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787900**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 233  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Heyo H Tjarks**

Mailing Address 11371 N Cascade Rd

City

Dubuque

State

IA

Zip Code

52003-0276

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787902**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Travis Alan Schmitt**

Mailing Address 301 22nd St NW

City

Austin

State

MN

Zip Code

55912-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787904**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr James D Stephens**

Mailing Address 2875 Middlefield Road

City

Palo Alto

State

CA

Zip Code

94306-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787908**

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 83 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr William Karp**

Mailing Address 209 White Heron Cir

City

Fayetteville

State

NY

Zip Code

13066-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787909**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert C Daby**

Mailing Address 710 Morris Way

City

Sacramento

State

CA

Zip Code

95864-6173

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 ▼

375.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787913**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Dr Craig S Armstrong**

Mailing Address 1801 Nantucket Dr

City

Houston

State

TX

Zip Code

77057-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787916**

Amount of Each Receipt this Period

500.00

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

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

1125.00

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

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

FOR LINE NUMBER: PAGE 84 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Mark H Armfield**

Mailing Address 36 Angelina Dr

City State Zip Code  
 Augusta KS 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : 12787923**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Jeffrey E Dodge**

Mailing Address 45 Payson St

City State Zip Code  
 Attleboro MA 02703-1610

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 ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : 12787948**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr C. Scott Davenport**

Mailing Address 10710 Sikes Place

City State Zip Code  
 Charlotte NC 28277-8181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : 12787950**

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 85 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Ron Collins**

Mailing Address 13607 N Tracewood Bnd

City State Zip Code  
Houston TX 77077-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12787954**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr W Mark Donald**

Mailing Address 5155 Bond Rd

City State Zip Code  
Louisville MS 39339-8282

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  
10 / 10 / 2014

**Transaction ID : 12787959**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Mark V Cowley**

Mailing Address 5685 South 1475 East

City State Zip Code  
Ogden UT 84403-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12787964**

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Paul R Christian**

Mailing Address 150 Floyd Guessford Rd

City

Townsend

State

DE

Zip Code

19734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12787967**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Dr Desiree S Dimond**

Mailing Address 12586 Pembroke Cir

City

Carmel

State

IN

Zip Code

46032-8339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12787973**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Ronald Lee Rhea**

Mailing Address 1210 Villmont Ln

City

Houston

State

TX

Zip Code

77077-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12787979**

Amount of Each Receipt this Period

500.00

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

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

2250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 87 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Samuel Wayne Galstan**

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 ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12787986**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Daniel G Davidson**

Mailing Address 11 Lilac Ave

City

Kentfield

State

CA

Zip Code

94904-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12787991**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Todd P Briscoe**

Mailing Address 8530 Quailwest Cv

City

Fort Wayne

State

IN

Zip Code

46835-9638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12787993**

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 88 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Julie Ann Routhier**

Mailing Address 108 Carolines Retreat

City

Savannah

State

GA

Zip Code

31406-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12787997**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Lisa A Heinrich-Null**

Mailing Address 801 Champions Row

City

Victoria

State

TX

Zip Code

77904-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1416.70

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788001**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Drew W Toole**

Mailing Address 6814 Village Dr

City

Pine Bluff

State

AR

Zip Code

71603-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788004**

Amount of Each Receipt this Period

1000.00

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

2500.00

**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 89 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James M Boyle III**

Mailing Address 1365 Trinity Church Rd

City

Wrightsville

State

PA

Zip Code

17368-9207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788008**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Maria C Maranga**

Mailing Address 8 Rolling Meadow Ln

City

Northport

State

NY

Zip Code

11768-2659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788013**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr John J Nasca**

Mailing Address 25 Garden Ct

City

Amherst

State

NY

Zip Code

14226-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788015**

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Howard M Zolot**

Mailing Address 1538 Turnpike Street

City

North Andover

State

MA

Zip Code

01845-6207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788017**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Lance N Savoie**

Mailing Address 105 Rue Centre Street

City

Abbeville

State

LA

Zip Code

70510-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788021**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr John Constantine**

Mailing Address 17 Queens Dr

City

Yonkers

State

NY

Zip Code

10701-6403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788024**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 91 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Rhonda Jean Hennessy**

Mailing Address 1121 N. Saginaw Street

City State Zip Code  
 Holly MI 48442-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788026**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Stephanie B Weaver**

Mailing Address 923 Kirby St

City State Zip Code  
 Lake Charles LA 70601-5439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788028**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Gary G Goodell**

Mailing Address 12214 Hollow Tree Ln

City State Zip Code  
 Fairfax VA 22030-6246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788030**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 92 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Steven L Essig**

Mailing Address 3725 State Hwy 145

City

Durham

State

NY

Zip Code

12422-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788033**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Gordon R Isbell III**

Mailing Address 317 Lake Wood Dr

City

Gadsden

State

AL

Zip Code

35901-5343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788036**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Frederick W Wetzel**

Mailing Address 1148 Rosehill Blvd

City

Niskayuna

State

NY

Zip Code

12309-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788038**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 93 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jay Skolnick**

Mailing Address 438 Bartell Ln

City State Zip Code  
 Webster NY 14580-1753

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  
 10 / 10 / 2014

**Transaction ID : 12788041**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Marty B Garrett**

Mailing Address 13708 Mary Edith Pl

City State Zip Code  
 Baton Rouge LA 70809-5507

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  
 10 / 10 / 2014

**Transaction ID : 12788043**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert D. Richards**

Mailing Address 1524 Brookside Dr

City State Zip Code  
 Houghton MI 49931-2713

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  
 10 / 10 / 2014

**Transaction ID : 12788045**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Stephen R Harris**

Mailing Address 34024 W 8 Mile Road

City

Farmington

State

MI

Zip Code

48335-5209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788047**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Paul J Kim**

Mailing Address 511 Devries Ct

City

Piermont

State

NY

Zip Code

10968-1068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788051**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Margaret Madonian**

Mailing Address 4591 Widgeon Path

City

Manlius

State

NY

Zip Code

13104-9612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788053**

Amount of Each Receipt this Period

1500.00

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 95 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Edward J Miller Jr**

Mailing Address 186 Gainsborg Ave E

City

West Harrison

State

NY

Zip Code

10604-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788060**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Scott R Firestone**

Mailing Address 42 Mark Dr

City

Smithtown

State

NY

Zip Code

11787-3338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788062**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Randall C Markarian**

Mailing Address 6355 Waterman Ave

City

Saint Louis

State

MO

Zip Code

63130-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788346**

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 96 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Terry L Barnfield**

Mailing Address 115 Hawthorn Est

City  
Salem

State  
IL

Zip Code  
62881-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788348**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Zack D Studstill**

Mailing Address 501 Arrowhead Dr

City

Montgomery

State

AL

Zip Code

36117-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788350**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Viren L Jhaveri**

Mailing Address 39 Wheatley Rd

City

Old Westbury

State

NY

Zip Code

11568-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788352**

Amount of Each Receipt this Period

250.00

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

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

1500.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 97 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Charles Robert Weber**

Mailing Address 1200 Waterford Rd

City

West Chester

State

PA

Zip Code

19380-5814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788354**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Paula Stewart Strange**

Mailing Address 4500 I 55 Highland Village

City

Jackson

State

MS

Zip Code

39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788361**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Laji J James**

Mailing Address 12314 Shady Downs Dr

City

Houston

State

TX

Zip Code

77082-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788363**

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 98 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Michael David Grassi**

Mailing Address 12 Stonebridge Ln

City

Pittsford

State

NY

Zip Code

14534-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

Transaction ID : 12788367

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Dr Mert N Aksu**

Mailing Address 1440 Las Vegas Dr

City

Ann Arbor

State

MI

Zip Code

48103-5764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

Transaction ID : 12788368

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Dan P McCauley**

Mailing Address 1403 S Florey Ave

City

Mount Pleasant

State

TX

Zip Code

75455-5813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

Transaction ID : 12788370

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2750.00

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 99 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert Alexander Neal**

Mailing Address 10844 Star Meadow Dr

City  
Frisco

State  
TX

Zip Code  
75033-3816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788372**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr R Mark Hinrichs**

Mailing Address 6740 Anns Ct

City  
Lincoln

State  
NE

Zip Code  
68516-3677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788376**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Susan Becker Doroshow**

Mailing Address 4940 Coyle Ave

City  
Skokie

State  
IL

Zip Code  
60077-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788378**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 100 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michael L Stuart**

Mailing Address 717 Glenhaven Dr

City

Mesquite

State

TX

Zip Code

75149-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788384**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Stefan Zweig**

Mailing Address 324 Via Dela Paz

City

Pacific Plsds

State

CA

Zip Code

90272-4630

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  
10 / 10 / 2014

**Transaction ID : 12788386**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Charles B Foy Jr**

Mailing Address 7 Greenbriar Dr

City

Covington

State

LA

Zip Code

70433-4542

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  
10 / 10 / 2014

**Transaction ID : 12788388**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Patrick Eric Taylor**

Mailing Address 10834 NE 64th St

City

Kirkland

State

WA

Zip Code

98033-7232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788390**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Herbert L Ray Jr**

Mailing Address 5616 Shearsburg Rd

City

Leechburg

State

PA

Zip Code

15656-8496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788392**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert A Shekitka**

Mailing Address 1141 Oval Rd

Office for Clinical Affairs

City

Manasquan

State

NJ

Zip Code

08736-2065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788401**

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr David L Nielson**

Mailing Address 6222 W Dimond Blvd

City

Anchorage

State

AK

Zip Code

99502-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788403**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert Stephen Roda**

Mailing Address 11113 N 109th St

City

Scottsdale

State

AZ

Zip Code

85259-6914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788413**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr William S Nantz**

Mailing Address 6790 Phelan Blvd

City

Beaumont

State

TX

Zip Code

77706-5968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788417**

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 103 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Elizabeth C Reynolds**

Mailing Address 17 E Glenbrooke Circle

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788421**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Timothy R Fagan**

Mailing Address 3313 Willow Lake Ln

City

Enid

State

OK

Zip Code

73703-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788423**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Nelson P Daly**

Mailing Address 9036 Norfolk Dr

City

Baton Rouge

State

LA

Zip Code

70809-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788426**

Amount of Each Receipt this Period

1500.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Curtis John Zeringue**

Mailing Address 301 Sycamore St

City

Raceland

State

LA

Zip Code

70394-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788429**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Douglas Wayne Bogan**

Mailing Address 12310 Shelwick Dr

City

Houston

State

TX

Zip Code

77031-3048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788430**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**c. Dr L King Scott**

Mailing Address 570 Pinecrest Road

City

West Monroe

State

LA

Zip Code

71291-8883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788432**

Amount of Each Receipt this Period

250.00

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

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

1250.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Eva Fridy Ackley**

Mailing Address 5012 Westshore Dr

City

New Port Richey

State

FL

Zip Code

34652-3042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788434**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr John Martin Purdy**

Mailing Address 4718 Rosinante Rd

City

El Paso

State

TX

Zip Code

79922-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788438**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Kirk James Robertson**

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 ▼

1500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788440**

Amount of Each Receipt this Period

1500.00

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert W Rives**

Mailing Address 1553 Meadowbrook Rd

City

Jackson

State

MS

Zip Code

39211-6415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788442**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Gary Owen Jones**

Mailing Address 3765 E Palm St

City

Mesa

State

AZ

Zip Code

85215-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788444**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr David T Moore**

Mailing Address 7324 Anton Cir NE

City

Albuquerque

State

NM

Zip Code

87122-3379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788446**

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 107 OF 233  
(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 Chad P Gehani**

Mailing Address 325 Kensett Rd

City

Manhasset

State

NY

Zip Code

11030-2141

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788448**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Dr Gary R Hartwell**

Mailing Address 4170 W Franklin St

City

Richmond

State

VA

Zip Code

23221-1108

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  
10 / 10 / 2014

**Transaction ID : 12788458**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Thomas William Kauffman**

Mailing Address 61 Rivergate Ct

City

Marietta

State

GA

Zip Code

30068-4940

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788460**

Amount of Each Receipt this Period

1500.00

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

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

2125.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert M Peskin**

Mailing Address 490 Berry Hill Rd  
Suite 225

City State Zip Code  
Syosset NY 11791-1103

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788467**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Dr Mark A Odom**

Mailing Address 111 Birkhaven Dr

City State Zip Code  
Cary NC 27518-8942

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  
10 / 10 / 2014

**Transaction ID : 12788469**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Gerald C Dietz Jr.**

Mailing Address

City State Zip Code  
MI

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788477**

Amount of Each Receipt this Period

250.00

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

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

625.00

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

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

FOR LINE NUMBER: PAGE 109 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jeff Hooton**

Mailing Address 2925 W Deborah Dr

City

Monroe

State

LA

Zip Code

71201-2071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788479**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Craig S Hirschberg**

Mailing Address 365 Forest Rd

City

South Orange

State

NJ

Zip Code

07079-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788481**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr William R Calnon**

Mailing Address 116 Colby St

City

Spencerport

State

NY

Zip Code

14559-9711

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 ▼

1500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788483**

Amount of Each Receipt this Period

1500.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 110 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jill M Burns**

Mailing Address 7161 Bentgrass Dr

City State Zip Code  
 Indianapolis IN 46236-9605

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : 12788487**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Dr Reneida Reyes**

Mailing Address 104 Park Pl

City State Zip Code  
 Brooklyn NY 11217-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : 12788489**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Dr Rex R Yanase**

Mailing Address 2404 W 229th Pl

City State Zip Code  
 Torrance CA 90501-5238

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  
 10 / 10 / 2014

**Transaction ID : 12788491**

Amount of Each Receipt this Period

250.00

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

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

1375.00

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

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

FOR LINE NUMBER: PAGE 111 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Natasha Anne Lee**

Mailing Address 1211 26th Ave

Better Living Through Dentistry

City

San Francisco

State

CA

Zip Code

94122-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788495**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Elizabeth A Demichelis**

Mailing Address 904 Topaz Ln

City

Ripon

State

CA

Zip Code

95366-2266

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  
10 / 10 / 2014

**Transaction ID : 12788499**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr John M Pisacane**

Mailing Address 1001 Michigan Ave

City

San Jose

State

CA

Zip Code

95125-2417

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  
10 / 10 / 2014

**Transaction ID : 12788501**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 112 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Mark T Barsamian**

Mailing Address 47602 Greenwich Dr

City

Novi

State

MI

Zip Code

48374-2846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788503**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr D Douglas Cassat**

Mailing Address 10035 Rue Chantemar

City

San Diego

State

CA

Zip Code

92131-2271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788505**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Carol M. Wolff**

Mailing Address 1646 N Pelham Rd NE

City

Atlanta

State

GA

Zip Code

30324-5263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788513**

Amount of Each Receipt this Period

1000.00

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

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

1750.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 113 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jerry Joe Hopson**

Mailing Address 220 W Sam Rayburn Drive

City

Bonham

State

TX

Zip Code

75418-4326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788515**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Celia P Dunn**

Mailing Address 588 Bradford Ln

City

Evans

State

GA

Zip Code

30809-3689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788517**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Michael D Eggnatz**

Mailing Address 10860 Santa Fe Dr

City

Hollywood

State

FL

Zip Code

33026-4958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788520**

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 114 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jeffrey Allen Kahl**

Mailing Address 8195 Spire Ct

City

Colorado Spgs

State

CO

Zip Code

80919-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788522**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Jane S Grover**

Mailing Address

City

State

MI

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Dental Association

Occupation

Director, CAPIR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788524**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert A Hersh**

Mailing Address 40 Woodstock Pl

City

Freehold

State

NJ

Zip Code

07728-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788526**

Amount of Each Receipt this Period

250.00

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

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

1625.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Ernest Mears Jr**

Mailing Address 358 Cemetery Rd

City

Oswego

State

NY

Zip Code

13126-6056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788528**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Kenneth B Cooperman**

Mailing Address 18 E 81st St Apt 4B

City

New York

State

NY

Zip Code

10028-0241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788530**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Thomas J Schripsema**

Mailing Address 3111 Eubank Blvd.

City

Albuquerque

State

NM

Zip Code

87111-4869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788532**

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 116 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Lawrence J Busino**

Mailing Address 26 Shaker Bay Rd

City

Latham

State

NY

Zip Code

12110-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788535**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Lisa P Howard**

Mailing Address 16 Rivers Edge Dr

City

Kennebunk

State

ME

Zip Code

04043-7741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788538**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Dr Isaac Jay Freedman**

Mailing Address 3275 Afton Rd

City

Dresher

State

PA

Zip Code

19025-1801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788543**

Amount of Each Receipt this Period

250.00

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Cary J Limberakis**

Mailing Address 500 Old York Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788545**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Nancy R Rosenthal**

Mailing Address 3773 Albidale Dr

City

Huntingdon Valley

State

PA

Zip Code

19006-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788548**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Michael G Shane**

Mailing Address 8125 State Highway 789

City

Lander

State

WY

Zip Code

82520-2926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788550**

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Dwyte E Brooks Sr**

Mailing Address 6125 Laredo St

City

Las Vegas

State

NV

Zip Code

89146-5246

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 ▼

1500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788553**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Jeffrey H Rempell**

Mailing Address 41 E Cheryl Rd

City

Pine Brook

State

NJ

Zip Code

07058-9428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788555**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Karen Diane Foster**

Mailing Address 26455 E Otero Dr

City

Aurora

State

CO

Zip Code

80016-2069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788558**

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 119 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Allison Borden House**

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788561**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Kerry K Carney**

Mailing Address 155 E O St

City

Benicia

State

CA

Zip Code

94510-2729

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  
10 / 10 / 2014

**Transaction ID : 12788564**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Jeffrey D Dow**

Mailing Address 385 River Rd

City

Benton

State

ME

Zip Code

04901-3430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788570**

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr William F Martin III**

Mailing Address 211 Winchester Beach Dr

City

Annapolis

State

MD

Zip Code

21409-5857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788573**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Larry Carl**

Mailing Address Iowa Dental Association  
5530 W. Parkway

City

Johnston

State

IA

Zip Code

50131-2258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788575**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Louis A Imburgia**

Mailing Address 205 Thierry Ln

City

Prospect Heights

State

IL

Zip Code

60070-1656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788580**

Amount of Each Receipt this Period

250.00

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

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

1000.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 121 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Paul Markowitz**

Mailing Address 276 Candee Ave

City

Sayville

State

NY

Zip Code

11782-3028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788584**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Walter G Weber**

Mailing Address 17323 Grosvenor Ct

City

Monte Sereno

State

CA

Zip Code

95030-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788585**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr David A Duncan**

Mailing Address 6707 Palacio Dr

City

Amarillo

State

TX

Zip Code

79109-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788588**

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 122 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Norman Vincent Palm**

Mailing Address 3030 Bonnell Ave SE

City

Grand Rapids

State

MI

Zip Code

49506-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788668**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Steven A Guttenberg**

Mailing Address

City

State

DC

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788671**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr Stephen K Young**

Mailing Address 2604 Barry Switzer Ave

City

Norman

State

OK

Zip Code

73072-6643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OK Univ School of Dentistry

Occupation

Dental School Faculty

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788672**

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 123 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Ralph D Brunner**

Mailing Address 94 La Patera Dr

City State Zip Code  
Camarillo CA 93010-7406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788751**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Douglas James Gordon**

Mailing Address 20 Powder Bowl Ct

City State Zip Code  
El Sobrante CA 94803-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788754**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Bryan C Edgar**

Mailing Address 220 SW 292nd St

City State Zip Code  
Federal Way WA 98023-3502

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788757**

Amount of Each Receipt this Period

1500.00

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

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

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 124 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Herbert D Benkel**

Mailing Address

City

State

Zip Code

NJ

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788761**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Frank Carotenuto**

Mailing Address 9 Codington Ln

City

State

Zip Code

Warren

NJ

07059-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788763**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Joseph Eugene Brown III**

Mailing Address 24 Hawthorn Ln

City

State

Zip Code

Hardeeville

SC

29927-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788765**

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 125 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jonathan P Woller**

Mailing Address 1272 Ridgepointe Dr

City

Fairbanks

State

AK

Zip Code

99709-5737

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  
10 / 10 / 2014

**Transaction ID : 12788767**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Richard D Isaacson**

Mailing Address 103 Parker Road

City

West Long Branch

State

NJ

Zip Code

07764-1009

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  
10 / 10 / 2014

**Transaction ID : 12788769**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr D Milton Salzer**

Mailing Address 3200 River Falls Dr

City

Northbrook

State

IL

Zip Code

60062-5167

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  
10 / 10 / 2014

**Transaction ID : 12788771**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 126 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Andrew P Wiers**

Mailing Address 3739 N Pine Grove Ave Apt G

City State Zip Code  
 Chicago IL 60613-4176

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  
 10 / 10 / 2014

**Transaction ID : 12788773**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Thomas J Olinger**

Mailing Address 1136 Merritt Ln

City State Zip Code  
 El Cajon CA 92020-7852

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  
 10 / 10 / 2014

**Transaction ID : 12788777**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Gerald J Ciebien**

Mailing Address 197 N Delaplaine Rd

City State Zip Code  
 Riverside IL 60546-2060

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  
 10 / 10 / 2014

**Transaction ID : 12788780**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 127 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Kevin T Nelson**

Mailing Address 6730 N Chateau Pl

City  
Peoria

State  
IL

Zip Code  
61615-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788783**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr O Andy Elliott II**

Mailing Address 3727 Abbott Creek Rd  
PO Box 1381

City

Prestonsburg

State

KY

Zip Code

41653-8938

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  
10 / 10 / 2014

**Transaction ID : 12788786**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Vincent U Rapini Jr**

Mailing Address 4719 Rutledge Way Dr

City

Saint Louis

State

MO

Zip Code

63129-1692

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  
10 / 10 / 2014

**Transaction ID : 12788789**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 128 OF 233

☒ 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 Lanora E Bryant**

Mailing Address 37 Bon Air Cir

City

Jackson

State

TN

Zip Code

38305-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson-Madison County Health Dept

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788792**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Garth D Bobrowski**

Mailing Address 329 Hugh Paxton Rd

City

Greensburg

State

KY

Zip Code

42743-9215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788794**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Chauncey Cross**

Mailing Address 2401 Country Club Dr

City

Springfield

State

IL

Zip Code

62704-3215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788796**

Amount of Each Receipt this Period

500.00

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

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

1000.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 129 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Paul D Revard**

Mailing Address 301 Oakland Drive

City State Zip Code  
 Bloomington IN 47832

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  
 10 / 10 / 2014

**Transaction ID : 12788798**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr David L Clemens**

Mailing Address E10191 Pickerel Slough Rd

City State Zip Code  
 Wisconsin Dells WI 53965-7910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : 12788800**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Dr Michele Marie Tulak-Gorecki**

Mailing Address 3191 Hedgewood Ln

City State Zip Code  
 Rochester Hills MI 48309-4510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : 12788802**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 130 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Alexa Marie Vitek**

Mailing Address 13681 Cottonwood Dr

City

Dewitt

State

MI

Zip Code

48820-9056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788804**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Julio H Rodriguez**

Mailing Address N4031 Pine Ct

City

Brodhead

State

WI

Zip Code

53520-9655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788808**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Monica Hebl**

Mailing Address 163 N 89th St

City

Wauwatosa

State

WI

Zip Code

53226-4501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788810**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 131 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Jeffrey J Kraig**

Mailing Address N5253 Oak Hill Rd

City

Fond Du Lac

State

WI

Zip Code

54937-9690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788812**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Dr Martin John Makowski**

Mailing Address 2905 Vineyards Dr

City

Troy

State

MI

Zip Code

48098-6206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788814**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. Dr Mark M Johnston**

Mailing Address 3640 Muirfield Dr

City

Lansing

State

MI

Zip Code

48911-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788816**

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 132 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert Emmett Barsley**

Mailing Address 345 S 4th St

City

Ponchatoula

State

LA

Zip Code

70454-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788818**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr John R Moser**

Mailing Address 626 E Kilbourn Ave Apt 1608

City

Milwaukee

State

WI

Zip Code

53202-3240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788820**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert A Coleman**

Mailing Address 40925 Coventry Rd

City

Novi

State

MI

Zip Code

48375-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788822**

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 133 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr William Lawrence Metz**

Mailing Address 919 Long Lake Dr

City

Brighton

State

MI

Zip Code

48114-7605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788824**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert James Brennan**

Mailing Address 772 Sunshine Ln

City

Neenah

State

WI

Zip Code

54956-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788826**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Susan K Zelazo-Smith**

Mailing Address 5316 Washington St

City

Downers Grove

State

IL

Zip Code

60515-4920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788828**

Amount of Each Receipt this Period

375.00

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

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

875.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 134 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Theodore A Rechtin III**

Mailing Address 12672 Alswell Ln

City

Saint Louis

State

MO

Zip Code

63128-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788830**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr M Sadegh Namazikhah**

Mailing Address 661 Lachman Ln

City

Pacific Palisades

State

CA

Zip Code

90272-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788840**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Linda Gibson Levin**

Mailing Address 3624 Shannon Road

City

Durham

State

NC

Zip Code

27707-3772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788842**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 135 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Terryl A Propper**

Mailing Address 911 Huntington Cir

City

Nashville

State

TN

Zip Code

37215-6114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

Transaction ID : 12788845

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Dennis J Zent**

Mailing Address 3030 N Bay View Rd

City

Angola

State

IN

Zip Code

46703-9014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

Transaction ID : 12788850

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Dr Alan R Bryant**

Mailing Address 705 County Road 134

City

Santa Anna

State

TX

Zip Code

76878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2014

Transaction ID : 12788854

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 136 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Fred B Blythe**

Mailing Address 7927 E 87th St

City State Zip Code  
Tulsa OK 74133-4862

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 1278856**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dr Jamie J Just**

Mailing Address 7346 S Glencoe Ct

City State Zip Code  
Centennial CO 80122-2527

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  
10 / 10 / 2014

**Transaction ID : 1278858**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Michael R Varley**

Mailing Address 2845 Spring Hill Peak Circle

City State Zip Code  
Highlands Ranch CO 80129-4334

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  
10 / 10 / 2014

**Transaction ID : 1278862**

Amount of Each Receipt this Period

250.00

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

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

1250.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 137 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Frederick J Lacey**

Mailing Address 9 Oak St

City

Binghamton

State

NY

Zip Code

13905-4609

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  
10 / 10 / 2014

**Transaction ID : 12788864**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Gregory Michael Pafford**

Mailing Address 2048 E Glenn Dr

City

Phoenix

State

AZ

Zip Code

85020-5600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788866**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Rainey Fair Chadwell**

Mailing Address 240 Augustine Dr

City

Spartanburg

State

SC

Zip Code

29306-6927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788868**

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 138 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James M Maragos**

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-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788870**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert Dozier Lynds**

Mailing Address 96 W 12th St

City

Paso Robles

State

CA

Zip Code

93446-2086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788872**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Philip John Abeldt**

Mailing Address 1917 Tienda Dr

City

Lodi

State

CA

Zip Code

95242-3996

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788874**

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 139 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Thomas E Lenhart II**

Mailing Address 4695 Chabot Dr Ste 200

City

Pleasanton

State

CA

Zip Code

94588-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

Transaction ID : 12788878

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Hemion**

Mailing Address PO Box 1154

City

Helena

State

MT

Zip Code

59624-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montana Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

Transaction ID : 12788879

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Henry F Pruett Jr**

Mailing Address 9611 Yarrow Circle

City

Pensacola

State

FL

Zip Code

32514-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

Transaction ID : 12788882

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 140 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Philip L Schefke**

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 ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788885**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Joseph F Hagenbruch**

Mailing Address 404 W McKinley St

City

Harvard

State

IL

Zip Code

60033-2160

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 ▼

875.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788887**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Katherine Elizabeth Olson Triska**

Mailing Address 960 Terrace Dr

City

Beaumont

State

TX

Zip Code

77706-4535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788889**

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 141 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr W Thomas Pelton**

Mailing Address 415 Alturas Street

City

Yuba City

State

CA

Zip Code

95991-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788892**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr George J Stratigopoulos**

Mailing Address 3411 Overpark Rd

City

San Diego

State

CA

Zip Code

92130-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788894**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Cynthia Brattesani**

Mailing Address 1800 Washington St Apt 718

City

San Francisco

State

CA

Zip Code

94109-3585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788896**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 142 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Carol Mc Cutcheon**

Mailing Address 166 W Campbell Avenue

City

Campbell

State

CA

Zip Code

95008-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788898**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Nader Aghaali Nadershahi**

Mailing Address 50 Bret Harte Rd

City

San Rafael

State

CA

Zip Code

94901-5264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788900**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Dennis C De Tomasi**

Mailing Address 2238 W Ridge Dr

City

Sutter

State

CA

Zip Code

95982-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788902**

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 143 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jeffrey D Lloyd**

Mailing Address 5664 Camarrio Ct

City

Rancho Cucamonga

State

CA

Zip Code

91739-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788905**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Alan R Stein**

Mailing Address 20011 Lanark St

City

Winnetka

State

CA

Zip Code

91306-1924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788909**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Ned Leonard Nix**

Mailing Address 3323 Oxford Ln

City

San Jose

State

CA

Zip Code

95117-3040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788912**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 144 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Gerald M Middleton**

Mailing Address 2572 Centennial Way

City

Corona

State

CA

Zip Code

92882-5746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788913**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Karin Irani**

Mailing Address 9663 Santa Monica Blvd Apt 864

City

Beverly Hills

State

CA

Zip Code

90210-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788915**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Lindsey Anne Robinson**

Mailing Address 10384 Alta St

City

Grass Valley

State

CA

Zip Code

95945-6129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12788917**

Amount of Each Receipt this Period

1000.00

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

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

1750.00



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

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

FOR LINE NUMBER: PAGE 145 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr William L Ingram**

Mailing Address 2607 Hickory Flats Trl SE

City State Zip Code  
Huntsville AL 35801-1432

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  
10 / 10 / 2014

**Transaction ID : 12788920**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Paul T Kempf Jr**

Mailing Address 4935 Rose Ave

City State Zip Code  
Downers Grove IL 60515-3202

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  
10 / 10 / 2014

**Transaction ID : 12788922**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Fred Olsen III**

Mailing Address 7250 W Laurel Ln

City State Zip Code  
Peoria AZ 85345-8787

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  
10 / 10 / 2014

**Transaction ID : 12788924**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 146 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James Welch Hollingsworth**

Mailing Address 21667 Highway 80

City State Zip Code  
Lake MS 39092-9293

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788926**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr James Franklin Wolcott**

Mailing Address 539 Harkle Road

City State Zip Code  
Santa Fe NM 87505-4782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788928**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Steven Jay Kend**

Mailing Address 1515 Via Lopez

City State Zip Code  
Palos Verdes Estates CA 90274-1961

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12788931**

Amount of Each Receipt this Period

500.00

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

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

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 233

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

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr David J Kenyon**

Mailing Address 3379 Whispering Pines Ln

City

Eau Claire

State

WI

Zip Code

54701-7180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : 12788938**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr G Lewis Mitchell Jr**

Mailing Address 321 Dogwood Cir

City

Gadsden

State

AL

Zip Code

35901-5603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2014

**Transaction ID : 12788958**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Linda G Trotter**

Mailing Address 4247 Stacey Rd E

City

Jacksonville Beach

State

FL

Zip Code

32250-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2014

**Transaction ID : 12788960**

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 148 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Rudolph T Liddell III**

Mailing Address 3623 Sugar Loaf Ln

City  
Valrico

State  
FL

Zip Code  
33596-6068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12788962**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr David M Shipper**

Mailing Address 27 W 86th St

City

New York

State

NY

Zip Code

10024-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12788964**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Amber A Determan**

Mailing Address 40780 258th St

City

Mitchell

State

SD

Zip Code

57301-5843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12788966**

Amount of Each Receipt this Period

500.00

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

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

1250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 149 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr William Roy Thompson

Mailing Address 2102 Windsor St

City

Murfreesboro

State

TN

Zip Code

37130-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12788968

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Edward J Chiera

Mailing Address 2628 Herbert Dr

City

Beloit

State

WI

Zip Code

53511-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12788971

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Michael Zakula

Mailing Address 333 Highland Dr

City

Hibbing

State

MN

Zip Code

55746-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12788973

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Kathryn Kell**

Mailing Address 6401 Utica Ridge Rd Unit 32

City  
Davenport

State  
IA

Zip Code  
52807-3362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12788975**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Jeanne M. Nicolette**

Mailing Address 5783 Crighton Dr

City  
Dublin

State  
OH

Zip Code  
43016-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12788977**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Gary Louis Glasband**

Mailing Address 636 Obispo Ave

City  
Long Beach

State  
CA

Zip Code  
90814-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12788980**

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 151 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Richard A Stevenson**

Mailing Address 14409 Mandarin Rd

City

Jacksonville

State

FL

Zip Code

32223-2543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12788981

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr John Edward Lagner**

Mailing Address 234 Cedrus Ave

City

East Northport

State

NY

Zip Code

11731-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12788983

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Bruce Tandy**

Mailing Address 174 Rosemary Ln

City

South Windsor

State

CT

Zip Code

06074-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12788985

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 152 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Anthony M Cuomo**

Mailing Address 19 Cannon Dr

City

Newtown

State

CT

Zip Code

06470-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12788987

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Howard Richard Gamble**

Mailing Address 106 Sherer Ct

City

Sheffield

State

AL

Zip Code

35660-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12788989

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Henrik Hansen**

Mailing Address 3359 Ticonderoga Dr

City

Fairfield

State

CA

Zip Code

94534-3346

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 ▼

375.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12788991

Amount of Each Receipt this Period

375.00

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

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

1625.00



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

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

FOR LINE NUMBER: PAGE 153 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert Walter Payne**

Mailing Address 3373 Bevia Rd

City

Marianna

State

FL

Zip Code

32446-6962

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  
10 / 11 / 2014

**Transaction ID : 12788993**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Irving Baum**

Mailing Address 24 Marion Ave

City

Wappingers Falls

State

NY

Zip Code

12590-6034

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  
10 / 11 / 2014

**Transaction ID : 12788996**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Craig Lewis Oldham**

Mailing Address 17912 Burnt Oak Ln

City

Lithia

State

FL

Zip Code

33547-4802

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  
10 / 11 / 2014

**Transaction ID : 12788998**

Amount of Each Receipt this Period

250.00

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

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

750.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 154 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Charles W Hoffman**

Mailing Address 237 Golfview Dr

City

Tequesta

State

FL

Zip Code

33469-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12789000

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Charlotte L Senseny**

Mailing Address 5031 Sharynne Lane

City

Torrance

State

CA

Zip Code

90505-3313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12789006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Payam Goudarzi**

Mailing Address 63 Nadine Way

City

Johnson City

State

NY

Zip Code

13790-5100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12789010

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 155 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Kristi M Soileau**

Mailing Address 5529 Cherlyn Dr

City

New Orleans

State

LA

Zip Code

70124-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12789012**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Joseph G Unger**

Mailing Address 500 Buckingham Pl

City

Downers Grove

State

IL

Zip Code

60516-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12789015**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Joseph E Sokolowski**

Mailing Address 1821 Greenbough Ct

City

Saint Louis

State

MO

Zip Code

63146-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12789017**

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 156 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Lynne E Barbour**

Mailing Address 288 E Thompson St

City

Kahoka

State

MO

Zip Code

63445-1762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12789019

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert M Tait**

Mailing Address 5239 SW Raintree Pkwy

City

Lees Summit

State

MO

Zip Code

64082-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12789022

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Perry K Tuneberg**

Mailing Address 3761 Fox Pointe

City

Rockford

State

IL

Zip Code

61114-7072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12789025

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 157 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Paul Edward Cullum**

Mailing Address 104 Wellesley Pl

City  
Columbia

State  
TN

Zip Code  
38401-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2014

**Transaction ID : 12789027**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Henry Clifton Simmons III**

Mailing Address 2304 Woodmont Blvd

City

Nashville

State

TN

Zip Code

37215-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2014

**Transaction ID : 12789029**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Elizabeth A Clemente**

Mailing Address 17 Flanders Valley Ct

City

Skillman

State

NJ

Zip Code

08558-2335

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  
10 / 11 / 2014

**Transaction ID : 12789032**

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 158 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Darrell T Teruya**

Mailing Address 2615 S King Street

City

Honolulu

State

HI

Zip Code

96826-3257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12789036

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Frederick S Johnson**

Mailing Address

City

State

PA

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12789040

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Bryan T Marshall**

Mailing Address 6152 New Osprey Pt

City

Weeki Wachee

State

FL

Zip Code

34607-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12789042

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 159 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert J Buhite II II**

Mailing Address 174 Oak Ln

City  
Rochester

State  
NY

Zip Code  
14610-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12789046**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Donna Thomas Moses**

Mailing Address 1237 Oak Grove Rd

City  
Temple

State  
GA

Zip Code  
30179-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12789049**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Richard James Nagy**

Mailing Address 4995 San Marcos Ct

City  
Santa Barbara

State  
CA

Zip Code  
93111-2763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12789051**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 160 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jeffrey T Jones**

Mailing Address 7721 E Santiago Canyon Rd

City State Zip Code  
 Orange CA 92869-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 11 2014

**Transaction ID : 12789053**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr William L Ingram**

Mailing Address 2607 Hickory Flats Trl SE

City State Zip Code  
 Huntsville AL 35801-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 11 2014

**Transaction ID : 12789055**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Leigh W Kent**

Mailing Address 1156 Berwick Rd

City State Zip Code  
 Birmingham AL 35242-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 11 2014

**Transaction ID : 12789057**

Amount of Each Receipt this Period

500.00

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

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

1250.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 161 OF 233

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Daniel McKinnon Pittman III**

Mailing Address 103 Medical Dr

City

Dothan

State

AL

Zip Code

36303-6903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		11		2014

**Transaction ID : 12789059**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Amber D Cziok**

Mailing Address 501 Pleasant Ave

City

Litchfield

State

MN

Zip Code

55355-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2014

**Transaction ID : 12789069**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Glenn A Zeh**

Mailing Address 1147 Rosewood Lane

City

Layton

State

UT

Zip Code

84041-5102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2014

**Transaction ID : 12789072**

Amount of Each Receipt this Period

750.00

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

2000.00

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

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

FOR LINE NUMBER: PAGE 162 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Diane D Romaine**

Mailing Address 19213 National Hwy NW

City State Zip Code  
 Frostburg MD 21532-3130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2014

**Transaction ID : 12789074**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Luciano Ghisalberti**

Mailing Address 758 Bergen Blvd

City State Zip Code  
 Ridgefield NJ 07657-1406

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  
 10 12 2014

**Transaction ID : 12789076**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Lorin D Peterson**

Mailing Address PO Box 567

City State Zip Code  
 Cle Elum WA 98922-0567

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  
 10 12 2014

**Transaction ID : 12789078**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 163 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jonathan S Dubin**

Mailing Address 1918 Edinburgh Ter NE

City State Zip Code  
 Atlanta GA 30307-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2014

**Transaction ID : 12789080**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Shelly Fay Jones**

Mailing Address 2401 N Trail Rd

City State Zip Code  
 Midland MI 48642-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2014

**Transaction ID : 12789082**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Nathalie Dube**

Mailing Address 211 S. Crapo St.  
 Suite C

City State Zip Code  
 Mount Pleasant MI 48858-2961

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  
 10 12 2014

**Transaction ID : 12789084**

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 164 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Thomas E Kielma**

Mailing Address W329N6615 Forest Dr

City

Hartland

State

WI

Zip Code

53029-8506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789086

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Curles Cornelius Colbert Jr**

Mailing Address 30704 Huntsman Dr E

City

Farmington Hills

State

MI

Zip Code

48331-1378

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789088

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr John B Nase**

Mailing Address 370 Tyson Rd

City

Schwenksville

State

PA

Zip Code

19473-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789090

Amount of Each Receipt this Period

250.00

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

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

1000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 165 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Nathan T Seyer

Mailing Address 11275 Cypress Point Ln

City

Dexter

State

MO

Zip Code

63841-8574

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789092

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr James G Avery

Mailing Address 456 W Riveredge Dr

City

Cordova

State

TN

Zip Code

38018-7613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789094

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Dallas Lee Nibert

Mailing Address 6342 Roberto Dr

City

Huntington

State

WV

Zip Code

25705-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789096

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

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

FOR LINE NUMBER: PAGE 166 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr R Chris Moore**

Mailing Address 126 Northpointe Dr

City

Jackson

State

TN

Zip Code

38305-5635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789098

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr Michael Maihofer**

Mailing Address 21624 Blackburn St

City

Saint Clair Shores

State

MI

Zip Code

48080-1290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789100

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Dr Paula Sherman Crum**

Mailing Address 2456 Ingold Ct

City

Green Bay

State

WI

Zip Code

54313-5676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789102

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 167 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert L Skinner**

Mailing Address 3220 Dallas St

City

Fort Smith

State

AR

Zip Code

72903-4439

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  
10 / 12 / 2014

**Transaction ID : 12789104**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert A Mason**

Mailing Address 8120 Cisterna Way

City

Fort Smith

State

AR

Zip Code

72916-8448

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  
10 / 12 / 2014

**Transaction ID : 12789107**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr William Craig Noblett**

Mailing Address 145 Gardenside Dr Apt 9

City

San Francisco

State

CA

Zip Code

94131-1384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789108**

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 168 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Raymond Gist**

Mailing Address 5301 Deepdale Dr

City

Grand Blanc

State

MI

Zip Code

48439-9563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789110**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Laurie K McCauley**

Mailing Address 2424 Londonderry Rd

City

Ann Arbor

State

MI

Zip Code

48104-4016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789112**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Alfred J Certosimo**

Mailing Address 7229 Pointe Pl

PO Box 980566

City

Mechanicsville

State

VA

Zip Code

23116-6558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789116**

Amount of Each Receipt this Period

500.00

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

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

1000.00



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

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

FOR LINE NUMBER: PAGE 169 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Joseph Y De Jesus**

Mailing Address 344 Cleveland Avenue

City State Zip Code  
 Tumwater WA 98501-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789118**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr George A Maranon**

Mailing Address 2565 Cordelia Rd

City State Zip Code  
 Los Angeles CA 90049-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789120**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Kevin M Keating**

Mailing Address 5107 Cashmere Ct

City State Zip Code  
 Fair Oaks CA 95628-5365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789122**

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 170 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr John P Ahern**

Mailing Address 2 Wallace Circle

City

Londonderry

State

NH

Zip Code

03053-2871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789124**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Carol Marie Morrow**

Mailing Address 219 Kansas St

City

Walsh

State

CO

Zip Code

81090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789126**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr John P Ahern**

Mailing Address 2 Wallace Circle

City

Londonderry

State

NH

Zip Code

03053-2871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789128**

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 171 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Carl Jeffries**

Mailing Address 3313 PAINTBRUSH LANE

City State Zip Code  
 Worland WY 82401-3146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2014

**Transaction ID : 12789130**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Dr Gary L Field**

Mailing Address 2175 Mulligan Dr

City State Zip Code  
 Colorado Springs CO 80920-1611

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

M M / D D / Y Y Y Y Y  
 10 12 2014

**Transaction ID : 12789133**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Dr Robert S Jones**

Mailing Address 3642 Wiley Rd

City State Zip Code  
 Montgomery AL 36106-3255

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  
 10 12 2014

**Transaction ID : 12789135**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 172 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michael John Schneider**

Mailing Address 9050 Deer Valley Rd

City

Brentwood

State

CA

Zip Code

94513-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789137**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr James H Bekker**

Mailing Address 3796 Ruth Dr

City

Salt Lake City

State

UT

Zip Code

84124-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789139**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Robin S Reich**

Mailing Address 1311 Marietta Country Club Dr NW

City

Kennesaw

State

GA

Zip Code

30152-4729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789141**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 173 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michael P Arrigo**

Mailing Address 7 Foster Street

City

Revere

State

MA

Zip Code

02151-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789144**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Debra A Woo**

Mailing Address 1005 Pinecrest Dr

City

Boulder Creek

State

CA

Zip Code

95006-8528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789145**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr John Boss**

Mailing Address One River Place

City

Lowell

State

MA

Zip Code

01852-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789147**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 174 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michael J Marrone**

Mailing Address 1230 Garrett Ave

City

Niagara Falls

State

NY

Zip Code

14305-1177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789149**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Arthur Roddy Scarbrough**

Mailing Address 205 Bay Avenue

City

Richton

State

MS

Zip Code

39476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789151**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Kenneth T Harrison**

Mailing Address 511 Sunnyside Ave

City

Redlands

State

CA

Zip Code

92373-5629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789155**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 175 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James Preston Coleman**

Mailing Address 21220 Forest Waters Cir

City

Garden Ridge

State

TX

Zip Code

78266-2788

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789157**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Stephen Monroe Pitmon**

Mailing Address 31 Maple Leaf Farm Rd

City

Underhill

State

VT

Zip Code

05489-9361

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  
10 / 12 / 2014

**Transaction ID : 12789159**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Judee Tippet-Whyte**

Mailing Address 2489 Stony Creek Cir

City

Acampo

State

CA

Zip Code

95220-9564

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  
10 / 12 / 2014

**Transaction ID : 12789161**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 176 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jeffrey S Berkley**

Mailing Address 402 Northwood Dr

City State Zip Code  
 Orange CT 06477-1050

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  
 10 12 2014

**Transaction ID : 12789163**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Michael LaCorte**

Mailing Address 2196 E Rio Vistoso Ln

City State Zip Code  
 Oro Valley AZ 85755-1910

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  
 10 12 2014

**Transaction ID : 12789165**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Steven A Saxe**

Mailing Address 8940 Brook Bay Ct

City State Zip Code  
 Las Vegas NV 89134-6173

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  
 10 12 2014

**Transaction ID : 12789167**

Amount of Each Receipt this Period

250.00

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

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

750.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 177 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Geralyn M Menold**

Mailing Address 304 Vincent Pl

City

Salinas

State

CA

Zip Code

93907-2338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Parttime Practice (<30 Hrs/week)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789171**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Daniel N Jenkins**

Mailing Address 3380 La Sierra Ave Ste 104-544

City

Riverside

State

CA

Zip Code

92503-5271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789173**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Danielle R Ruskin**

Mailing Address 50819 Chesapeake Dr

City

Novi

State

MI

Zip Code

48374-2552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789177**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 178 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Brent A Larson**

Mailing Address 928 E 100 South

City

Salt Lake City

State

UT

Zip Code

84102-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789179

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Matthew Cohlmia**

Mailing Address 6120 N Drexel Blvd.

City

Oklahoma City

State

OK

Zip Code

73112-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789181

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Thomas E Raimann**

Mailing Address 5665 Balboa Dr

City

New Berlin

State

WI

Zip Code

53151-8081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789183

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 179 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr M Edmund Braly**

Mailing Address 6950 E Post Oak Rd

City  
Noble

State  
OK

Zip Code  
73068-9001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789185**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Ryan Braden**

Mailing Address 1151 E Townline Rd Unit 105

City

Lake Geneva

State

WI

Zip Code

53147-5504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789187**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr James M Williamson**

Mailing Address 622 E 4500 South

City

Salt Lake City

State

UT

Zip Code

84107-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789189**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 180 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert A Gandola**

Mailing Address 4627 Huggins St

City

San Diego

State

CA

Zip Code

92122-2609

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  
10 / 12 / 2014

**Transaction ID : 12789191**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Steven M Conlon**

Mailing Address 709 Cardinal Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789193**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Lindsay Smith**

Mailing Address 2913 S Quaker Ave

City

Tulsa

State

OK

Zip Code

74114-5309

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12789195**

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 181 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Dwight D Duckworth**

Mailing Address 6028 Nancy Vista Ter

City

Springdale

State

AR

Zip Code

72762-4146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789197

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr Ben W Jernigan Jr**

Mailing Address 4581 E Brookhaven Dr NE

City

Atlanta

State

GA

Zip Code

30319-2676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789199

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **c. Dr Jeffrey A Simpson**

Mailing Address 78 Pheasant Ln

City

Brooklyn

State

CT

Zip Code

06234-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789201

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 182 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr H Warren Whitis**

Mailing Address 719 W Semmes Ave

City

Osceola

State

AR

Zip Code

72370-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789204**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Tim D Chase**

Mailing Address 119 Hutchinson Dr

City

Monticello

State

AR

Zip Code

71655-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789209**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Xerxez Megin Calilung**

Mailing Address 22 Meryton

City

Irvine

State

CA

Zip Code

92603-3463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789211**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 183 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Frank P Iuorno Jr**

Mailing Address 3208 Lockport Way

City State Zip Code  
Richmond VA 23233-7730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 12 2014

**Transaction ID : 12789214**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr H Michael Kaske**

Mailing Address 327 E Hunt Ave

City State Zip Code  
Twin Lakes WI 53181-9620

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  
10 12 2014

**Transaction ID : 12789216**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Patrick J Tepe**

Mailing Address 7329 University Ave

City State Zip Code  
Middleton WI 53562-3109

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  
10 12 2014

**Transaction ID : 12789218**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 184 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Joel M Friedman**

Mailing Address 185 E 85th St Apt 33B

City  
New York

State  
NY

Zip Code  
10028-2144

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 ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789222**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert A. Faiella**

Mailing Address 39 Eaglestone Way

City  
Cotuit

State  
MA

Zip Code  
02635-2826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789224**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Victor L Gregory Jr**

Mailing Address 114 E Bridle Path

City  
Hockessin

State  
DE

Zip Code  
19707-9407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789226**

Amount of Each Receipt this Period

250.00

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

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

1500.00



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

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

FOR LINE NUMBER: PAGE 185 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Lawrence E Volland**

Mailing Address 4538 Sharon Dr

City

State

Zip Code

Lockport

NY

14094-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789228

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Thomas L Peek**

Mailing Address

City

State

Zip Code

IA

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789231

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Dr Lauro Medrano-Saldana**

Mailing Address 109 E Oxford St

City

State

Zip Code

Valley Stream

NY

11580-4622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

Transaction ID : 12789233

Amount of Each Receipt this Period

250.00

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 186 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michelle L Bergsrud**

Mailing Address 5008 Woodhurst Ln

City State Zip Code  
 Minnetonka MN 55345-4644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2014

**Transaction ID : 12789236**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Ariane R Terlet**

Mailing Address 40 Stoddard Way

City State Zip Code  
 Berkeley CA 94708-1719

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  
 10 12 2014

**Transaction ID : 12789239**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Omar C Chahal**

Mailing Address 2845 36th Avenue

City State Zip Code  
 Grand Forks ND 58201-3574

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2014

**Transaction ID : 12789241**

Amount of Each Receipt this Period

500.00

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

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1750.00

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

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

FOR LINE NUMBER: PAGE 187 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Belinda Lim Balais**

Mailing Address 6260 Riviera Cir

City State Zip Code  
 Long Beach CA 90815-4785

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  
 10 12 2014

**Transaction ID : 12789246**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Raymond Kay Chan**

Mailing Address 883 Begonia Dr

City State Zip Code  
 San Leandro CA 94578-3806

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  
 10 12 2014

**Transaction ID : 12789248**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Christopher A Hirt**

Mailing Address 5308 Bell Ave

City State Zip Code  
 Billings MT 59106-2326

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  
 10 12 2014

**Transaction ID : 12789250**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 188 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Bruce R Cochrane**

Mailing Address 118 Parkwood Cir

City

Fort Dodge

State

IA

Zip Code

50501-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789252**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Merlyn W Vogt**

Mailing Address 6001 Fieldcrest Way

City

Lincoln

State

NE

Zip Code

68512-1858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789255**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Larisse R Skene**

Mailing Address 1058 S 1700 E

City

Salt Lake City

State

UT

Zip Code

84108-1862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12789261**

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 189 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Ralph C Attanasi**

Mailing Address

City

State

Zip Code

FL

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : 12789289**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Dr Steven P Geiermann**

Mailing Address 5218 N Winthrop Ave Apt 3N

City

State

Zip Code

Chicago

IL

60640-6929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : 12789295**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Gary R Ackerman**

Mailing Address 2505 El Vita Way

City

State

Zip Code

Carmichael

CA

95608-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : 12789300**

Amount of Each Receipt this Period

500.00

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

3000.00

**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 190 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Kenneth G Wallis**

Mailing Address 12057 Country Squire Ln

City State Zip Code  
Saratoga CA 95070-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : 12789302**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr George L Hamm III**

Mailing Address 82 E Canal St

City State Zip Code  
Dover PA 17315-1502

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  
10 / 13 / 2014

**Transaction ID : 12789304**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr John P Fisher**

Mailing Address 414 Ocean Ave

City State Zip Code  
Marblehead MA 01945-3853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : 12789306**

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 191 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Rodrigo Romano**

Mailing Address 636 Majorca Ave

City

Coral Gables

State

FL

Zip Code

33134-3753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789308**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Jeannette Pena Hall**

Mailing Address 4001 Santa Maria St.

City

Coral Gables

State

FL

Zip Code

33146-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789310**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Kenneth McDougall**

Mailing Address 1605 9th Ave SE

City

Jamestown

State

ND

Zip Code

58401-6451

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 ▼

3000.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789330**

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 192 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Theodore E Brasky**

Mailing Address 7831 Dakota Ln

City

Orland Park

State

IL

Zip Code

60462-1888

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : 12789334**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Charles C McGinty**

Mailing Address 5059 Mc Clelland Blvd

City

Joplin

State

MO

Zip Code

64804-4884

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : 12789338**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Bruce R Hutchison**

Mailing Address 15010 Starry Night Ln

City

Centreville

State

VA

Zip Code

20120-1247

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : 12789341**

Amount of Each Receipt this Period

500.00

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

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

2000.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 193 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Anita Aminoshariae**

Mailing Address 2425 N Park Blvd Apt 2A

City

Cleveland Heights

State

OH

Zip Code

44106-3154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789343**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dr William A Mac Donnell**

Mailing Address 158 Hunter Drive

City

West Hartford

State

CT

Zip Code

06107-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789346**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr John H Paul**

Mailing Address 2709 Cleveland Heights Blvd

City

Lakeland

State

FL

Zip Code

33803-4105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789358**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 194 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Mary J Hayes**

Mailing Address 2648 N Bosworth Ave

City

Chicago

State

IL

Zip Code

60614-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

Transaction ID : 12789363

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Wendy Anne Brown**

Mailing Address 1694 Justin Dr

City

Gambrills

State

MD

Zip Code

21054-2013

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  
10 / 13 / 2014

Transaction ID : 12789368

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr L Tanya J Bailey**

Mailing Address 102 Suffolk Pl

City

Chapel Hill

State

NC

Zip Code

27516-7799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2014

Transaction ID : 12789375

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 195 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Theodore A Rechtin III**

Mailing Address 12672 Alswell Ln

City

Saint Louis

State

MO

Zip Code

63128-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789380**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Noel R Alexas**

Mailing Address 971 Valley View Ave  
Apt 709

City

Morgantown

State

WV

Zip Code

26505-3547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789384**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Leon Allen Assael**

Mailing Address 100 3rd Ave S Unit 2905

City

Minneapolis

State

MN

Zip Code

55401-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789390**

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 196 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr J Christopher Smith**

Mailing Address 1903 Woodside Cir  
P.O. Box 6430

City Charleston State WV Zip Code 25314-2255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789395**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr David Morgan Malin**

Mailing Address 626 Patriot Ln

City Franklin State TN Zip Code 37067-5772

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 ▼

625.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789399**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **c. Dr O Andy Elliott II**

Mailing Address 3727 Abbott Creek Rd  
PO Box 1381

City Prestonsburg State KY Zip Code 41653-8938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12789401**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 197 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Daniel E Rose**

Mailing Address 6006 84th St SW

City  
Motley

State  
MN

Zip Code  
56466-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : 12789504**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Stephen P Tigani**

Mailing Address 5513 Westbard Ave

City  
Bethesda

State  
MD

Zip Code  
20816-3345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : 12789580**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Carliza A Marcos**

Mailing Address 160 29th Ave

City  
San Mateo

State  
CA

Zip Code  
94403-2759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : 12789584**

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 198 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr D Michael Buehler**

Mailing Address 303 Viewmont Dr

City

Yakima

State

WA

Zip Code

98908-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

359.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12789585**

Amount of Each Receipt this Period

359.00

Full Name (Last, First, Middle Initial)

**B. Dr Nava Fathi**

Mailing Address 121 Boyer Ln

City

Los Gatos

State

CA

Zip Code

95030-6053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : 12789587**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Gary K Dubin**

Mailing Address 281 Monticello Dr

City

Branford

State

CT

Zip Code

06405-4180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : 12789594**

Amount of Each Receipt this Period

250.00

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

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

859.00

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

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

FOR LINE NUMBER: PAGE 199 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Billie Sue Kyger**

Mailing Address 178 Crestview Dr

City State Zip Code  
 Gallipolis OH 45631-8101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : 12789598**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Brent L Holman**

Mailing Address 75 Prairiewood Dr S

City State Zip Code  
 Fargo ND 58103-4651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12789600**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr Kristin H Kenner**

Mailing Address

City State Zip Code  
 ND

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12789601**

Amount of Each Receipt this Period

300.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 200 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Chad Robert Bergan**

Mailing Address 3130 32nd St S Unit 4

City State Zip Code  
 Fargo ND 58103-7887

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

M M / D D / Y Y Y Y Y  
 10 10 2014

**Transaction ID : 12790112**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Paul Fredrikson**

Mailing Address 2616 32nd St S

City State Zip Code  
 Fargo ND 58103-7856

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

M M / D D / Y Y Y Y Y  
 10 10 2014

**Transaction ID : 12791312**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr Curtis K Tanabe**

Mailing Address 415 27th Ave S

City State Zip Code  
 Grand Forks ND 58201-7437

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

M M / D D / Y Y Y Y Y  
 10 10 2014

**Transaction ID : 12791922**

Amount of Each Receipt this Period

300.00

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

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

900.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 201 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Lawrence N Burke**

Mailing Address 10 1/2 First Street East

City

Williston

State

ND

Zip Code

58801-6042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12792559**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Caron L Berg**

Mailing Address 929 6th Ave NE

City

Valley City

State

ND

Zip Code

58072-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12795119**

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**C. Dr Bradley J Anderson**

Mailing Address 3424 46th Ave S

City

Fargo

State

ND

Zip Code

58104-6677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12796255**

Amount of Each Receipt this Period

250.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 202 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Walter Vincent Samuel**

Mailing Address 2605 64th Ave S

City  
 Fargo

State  
 ND

Zip Code  
 58104-7403

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 ▼

550.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12796257**

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**B. Mr. Conor McNulty**

Mailing Address PO Box 3710

City

Wilsonville

State

OR

Zip Code

97070-3710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12796259**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Thomas R Broderick**

Mailing Address 7517 La Roche Ave

City

Savannah

State

GA

Zip Code

31406-6401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12796260**

Amount of Each Receipt this Period

250.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 203 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Steven E Timm**

Mailing Address 20155 Archie Briggs Rd

City State Zip Code  
Bend OR 97701-8226

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  
10 / 10 / 2014

**Transaction ID : 12796261**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Susan Bordenave Bishop**

Mailing Address 7314 N Edgewild Dr

City State Zip Code  
Peoria IL 61614-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 12796262**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr Christopher Cowell**

Mailing Address 124 Overoaks Pl

City State Zip Code  
Sanford FL 32771-7156

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  
10 / 14 / 2014

**Transaction ID : 12798334**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 204 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Paul R Miller**

Mailing Address 5045 Westshore Dr

City

New Port Richey

State

FL

Zip Code

34652-3043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2014

**Transaction ID : 12800040**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr R Wayne Thompson**

Mailing Address 10615 W 70th Ter

City

Shawnee

State

KS

Zip Code

66203-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12824283**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Andrew Eason**

Mailing Address 1111 E Tennessee Street

City

Tallahassee

State

FL

Zip Code

32308-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Dental Association

Occupation

executive director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12824284**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 205 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Patrick V Hagerty**

Mailing Address 4890 NW Dumbeck Ave

City

Albany

State

OR

Zip Code

97321-9311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 09 / 2014

Transaction ID : 12824285

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Dennis R Price**

Mailing Address 158 Arrowhead Rd

City

Louisville

State

KY

Zip Code

40207-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

Transaction ID : 12824286

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Francis X. McLaughlin Jr.**

Mailing Address 9608 Bush Hill Terrace

City

Gaithersburg

State

MD

Zip Code

20882-3907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland State Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

Transaction ID : 12824287

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 206 OF 233

☒ 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. Mr. Douglas M. Bush**

Mailing Address Indiana Dental Association  
1319 E. Stop 10 Road

City Indianapolis State IN Zip Code 46227-5934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Dental Association

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

Transaction ID : 12824288

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Kara Griffin Moore**

Mailing Address 3907 Upper River Rd

City Gray State GA Zip Code 31032-3821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

Transaction ID : 12824289

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr William Kurt Loveless**

Mailing Address 120 N Oakridge Ave

City Lubbock State TX Zip Code 79416-3732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

Transaction ID : 12824290

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 207 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Joseph Anthony Battaglia**

Mailing Address 516 Hamburg Turnpike

City

Wayne

State

NJ

Zip Code

07470-2062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12824291**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Peter A. DuBois**

Mailing Address 1201 K Street

City

Sacramento

State

CA

Zip Code

95814-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

California Dental Association

Occupation

executive director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12826366**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Linda Swanstrom**

Mailing Address 3032 E. Nature Drive

City

Boise

State

ID

Zip Code

83706-6918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Idaho Dental Association

Occupation

executive director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

**Transaction ID : 12826368**

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 208 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Debra S Finney**

Mailing Address 104 Chenery Ct

City

Folsom

State

CA

Zip Code

95630-6748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12826369

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr Frederic C Sterritt**

Mailing Address 464 S Horizon Way

City

Branchburg

State

NJ

Zip Code

08853-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12826370

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Dr James T Phillips**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

Transaction ID : 12826372

Amount of Each Receipt this Period

250.00

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

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

1500.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 209 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr L Stanley Brysh**

Mailing Address 7454 Meadowrue Cir

City  
Middleton

State  
WI

Zip Code  
53562-4189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12827485**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Clelan George Ehrler**

Mailing Address 1316 Knoll Rd

City  
Redlands

State  
CA

Zip Code  
92373-7033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12827486**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Jeffrey Langdon Parrish**

Mailing Address 4415 102nd Ln NE

City  
Kirkland

State  
WA

Zip Code  
98033-7644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12827488**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 210 OF 233

☒ 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. Ms. Liz Snow**

Mailing Address California Dental Association  
1201 K Street Mall, 14th Floor

City State Zip Code  
Sacramento CA 95814-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Dental Association

Occupation  
Constituent Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12827489**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Vicki Wilbers**

Mailing Address 3340 American Ave

City State Zip Code  
Jefferson City MO 65109-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Dental Association

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12827490**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Lynn Sayre-Carstairs**

Mailing Address 453 Puesta Del Sol

City State Zip Code  
Arroyo Grande CA 93420-1437

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  
10 / 12 / 2014

**Transaction ID : 12827492**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 211 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Tofigh Raayai**

Mailing Address 842 W Roxbury Pkwy

City

Chestnut Hill

State

MA

Zip Code

02467-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12827493**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Paul F. Calitri Jr**

Mailing Address 11A Coastal Ct

City

Westerly

State

RI

Zip Code

02891-4059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12827494**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Craig Steven Yarborough**

Mailing Address 373 Los Cerros Dr

City

Greenbrae

State

CA

Zip Code

94904-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12827496**

Amount of Each Receipt this Period

500.00

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

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 212 OF 233  
(check only one)

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

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Mark B Hughes**

Mailing Address 25201 N 47th Dr

City  
PhoenixState  
AZZip Code  
85083-2227FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2014

**Transaction ID : 12827497**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Carmine J LoMonaco**Mailing Address 6 Klimback Ct  
PO Box 1709

City

West Caldwell

State

NJ

Zip Code

07006-7508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2014

**Transaction ID : 12828499**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr Kenneth Aubrey Crossland**

Mailing Address 2000 Fourth Avenue

City

Canyon

State

TX

Zip Code

79015-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2014

**Transaction ID : 12828500**

Amount of Each Receipt this Period

1000.00

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

2500.00

**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 213 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Alma Jo Clark**

Mailing Address 28120 Fox Hollow Dr

City

Hayward

State

CA

Zip Code

94542-2251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12828501**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. James J. Schulz**

Mailing Address New Jersey Dental Assoc

One Dental Plaza, PO Box 6020

City

North Brunswick

State

NJ

Zip Code

08902-6020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Dental Association

Occupation

Govt. Affairs Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12828503**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Howard Andrew Hamerink**

Mailing Address 10306 Normandy Dr

City

Plymouth

State

MI

Zip Code

48170-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

**Transaction ID : 12828504**

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 214 OF 233  
(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. Mrs. Sally Hamerink**

Mailing Address 159 S. Harvey

City  
Plymouth

State  
MI

Zip Code  
48170-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State of Michigan

Occupation

social worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12828505**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr R David Bradberry**

Mailing Address 12010 Wexford Club Dr

City  
Roswell

State  
GA

Zip Code  
30075-1474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 12828506**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Dr Thomas L Peek**

Mailing Address

City

State  
IA

Zip Code

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  
10 / 12 / 2014

**Transaction ID : 12828507**

Amount of Each Receipt this Period

100.00

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

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

850.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 215 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Brent L Holman**

Mailing Address 75 Prairiewood Dr S

City

Fargo

State

ND

Zip Code

58103-4651

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 ▼

800.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12829964**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert E Butler**

Mailing Address 10014 Canterbury Farms Ct

City

Saint Louis

State

MO

Zip Code

63128-3278

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 ▼

750.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12829965**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard D. Stevens**

Mailing Address 2016 Kanawha Blvd

City

Charleston

State

WV

Zip Code

25311-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2014

**Transaction ID : 12829966**

Amount of Each Receipt this Period

250.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 216 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Bryan Joseph Shanahan**

Mailing Address 1130 N Conifer Rd

City State Zip Code  
Flagstaff AZ 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 13 2014

**Transaction ID : 12829967**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Dr Allison Borden House**

Mailing Address 10615 N 44th St

City State Zip Code  
Phoenix AZ 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 13 2014

**Transaction ID : 12829969**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dr Pamela M. Porembski**

Mailing Address 414 W Clarendon St

City State Zip Code  
Prospect Heights IL 60070-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 13 2014

**Transaction ID : 12829970**

Amount of Each Receipt this Period

500.00

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

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

700.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 217 OF 233

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Richard A Bona Jr**

Mailing Address 1337 Inverness Ln

City

Schererville

State

IN

Zip Code

46375-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12854870**

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totaling \$750.00 This changes the YTD Total to \$250.00

Full Name (Last, First, Middle Initial)

**B. Dr Steven M Rubin**

Mailing Address 35 Sutton Road

City

Needham

State

MA

Zip Code

02492-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12854871**

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50.00

Full Name (Last, First, Middle Initial)

**c. Dr Jeffrey E Dodge**

Mailing Address 45 Payson St

City

Attleboro

State

MA

Zip Code

02703-1610

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 ▼

875.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 12854872**

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$875.00

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 218 OF 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert A Coleman**

Mailing Address 40925 Coventry Rd

City State Zip Code  
Novi MI 48375-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 11 2014

**Transaction ID : 12854873**

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00

Full Name (Last, First, Middle Initial)

**B. Dr Fred B Blythe**

Mailing Address 7927 E 87th St

City State Zip Code  
Tulsa OK 74133-4862

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 11 2014

**Transaction ID : 12854874**

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totaling \$375.00 This changes the YTD Total to \$375.00

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

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

313759.67

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

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

FOR LINE NUMBER: PAGE 219 OF 233

(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. California Dental PAC**

Mailing Address PO Box 13749

City State Zip Code  
Sacramento CA 95853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17854.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : 12854817**

Amount of Each Receipt this Period

712.80

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

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

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

712.80

712.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 220 OF 233

<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

011

Candidate Name

**Barry Loudermilk**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : 12762168**

Amount of Each Disbursement this Period

2500.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Buddy Carter For Congress**

Mailing Address 200 E St Julian St Suite 603

City	State	Zip Code
Savannah	GA	31401

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Earl Carter**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : 12762171**

Amount of Each Disbursement this Period

2500.00
---------

Contribution to Federal Candidate

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

011

Candidate Name

**Rep. Michael C. Burgess M.D.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : 12762172**

Amount of Each Disbursement this Period

5000.00
---------

Contribution to Federal Candidate

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

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 221 OF 233

<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. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : 12762173**

Amount of Each Disbursement this Period

5000.00
---------

Contribution to Federal Leadership PAC

Full Name (Last, First, Middle Initial)

**B. Friends Of Michelle**

Mailing Address P.O. Box 25422

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Michelle Lujan Grisham**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NM District: 01

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : 12762174**

Amount of Each Disbursement this Period

3000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. People For Ben**

Mailing Address PO Box 31129

City	State	Zip Code
Santa Fe	NM	87594

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Ben Ray Lujan Jr.**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NM District: 03

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : 12762177**

Amount of Each Disbursement this Period

2000.00
---------

Contribution to Federal Candidate

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

10000.00
----------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 222 OF 233

<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. People for Pearce**

Mailing Address PO Box 2696

City	State	Zip Code
Hobbs	NM	88241

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Stevan E. Pearce**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : 12762178**

Amount of Each Disbursement this Period

2000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Udall For Us All**

Mailing Address PO Box 25766

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Sen. Tom Stewart Udall**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : 12762179**

Amount of Each Disbursement this Period

5000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Claitor For Congress**

Mailing Address 7520 Perkins Road Suite 170

City	State	Zip Code
Baton Rouge	LA	70808

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Daniel Claitor**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : 12762180**

Amount of Each Disbursement this Period

1500.00
---------

Contribution to Federal Candidate

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

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 223 OF 233

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Frank Guinta**

Mailing Address PO Box 877

City Manchester	State NH	Zip Code 03105
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Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Franklin C. Guinta**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : 12762181**

Amount of Each Disbursement this Period

2000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Marilinda Garcia For Congress**

Mailing Address PO Box 821

City Salem	State NH	Zip Code 03079
---------------	-------------	-------------------

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Marilinda Garcia**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762196**

Amount of Each Disbursement this Period

2000.00
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Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Joe Wilson For Congress Committee**

Mailing Address PO Box 2145

City West Columbia	State SC	Zip Code 29171
-----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Joe Wilson**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: SC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762197**

Amount of Each Disbursement this Period

5000.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 224 OF 233

<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. Speak Up America PAC**

Mailing Address PO Box 2145

City	State	Zip Code
West Columbus	SC	29171

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

**Speak Up America PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762198**

Amount of Each Disbursement this Period

3000.00
---------

Contribution to Federal Leadership PAC

Full Name (Last, First, Middle Initial)

**B. Kansans For Huelskamp**

Mailing Address PO Box 410

City	State	Zip Code
Fowler	KS	67844

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Tim Huelskamp**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762199**

Amount of Each Disbursement this Period

1000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Renee Ellmers RN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762200**

Amount of Each Disbursement this Period

2500.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 225 OF 233

<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. Pat Murphy For Iowa**

Mailing Address PO Box 692

City Dubuque	State IA	Zip Code 52004
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Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Patrick Murphy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762201**

Amount of Each Disbursement this Period

2500.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Blaine For Congress**

Mailing Address PO Box 1025

City Jefferson City	State MO	Zip Code 65102
------------------------	-------------	-------------------

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Blaine Luetkemeyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762202**

Amount of Each Disbursement this Period

1000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Friends Of Susan Brooks**Mailing Address 9425 N Meridian Street  
# 237

City Indianapolis	State IN	Zip Code 46260
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Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Susan Brooks**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762203**

Amount of Each Disbursement this Period

3000.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 226 OF 233

<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. Bucshon For Congress**

Mailing Address PO Box 250

City Newburgh	State IN	Zip Code 47629
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Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Larry Bucshon MD**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762204**

Amount of Each Disbursement this Period

2500.00
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Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City Bloomington	State IN	Zip Code 47402
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Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Todd Young**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762205**

Amount of Each Disbursement this Period

3000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Hoosiers For Rokita, Inc.**

Mailing Address 314 Arsenal Ave.

City Indianapolis	State IN	Zip Code 46201
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Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Todd Rokita**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762206**

Amount of Each Disbursement this Period

2500.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 227 OF 233

<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. Walorski For Congress Inc**

Mailing Address PO Box 954

City	State	Zip Code
Mishawaka	IN	46546

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Jackie Walorski**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762207**

Amount of Each Disbursement this Period

3000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Committee For Peter J. Visclosky**

Mailing Address PO Box 10003

City	State	Zip Code
Merrillville	IN	46411

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Peter Visclosky**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762208**

Amount of Each Disbursement this Period

2000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Capps For Congress**

Mailing Address 301 E. Carrillo Street, Suite A

City	State	Zip Code
Santa Barbara	CA	93101

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Lois Capps**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762209**

Amount of Each Disbursement this Period

1000.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 228 OF 233

<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. Janice Hahn For Congress**Mailing Address 1379 Park Western Drive  
#142

City San Pedro State CA Zip Code 90732

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Janice Hahn**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 12762210**

Amount of Each Disbursement this Period

1000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Enyart For Congress**

Mailing Address PO Box 308

City Belleville State IL Zip Code 62222

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. William Enyart**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : 12776967**

Amount of Each Disbursement this Period

2000.00
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Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Dr Brian Babin For Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Brian Babin**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : 12776968**

Amount of Each Disbursement this Period

5000.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 229 OF 233

<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. Byrne For Congress Inc**

Mailing Address PO Box 2743

City	State	Zip Code
Mobile	AL	36652

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Bradley Byrne**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : 12779753**

Amount of Each Disbursement this Period

3000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Beatty For Congress**

Mailing Address PO Box 172

City	State	Zip Code
Columbus	OH	43216

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Joyce Beatty**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : 12781200**

Amount of Each Disbursement this Period

2000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Friends Of Rosa DeLauro**

Mailing Address 129 Church St, Ste 818

City	State	Zip Code
New Haven	CT	06510

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Rosa L. DeLauro**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : 12783770**

Amount of Each Disbursement this Period

5000.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 230 OF 233

<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. 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

**Bridge PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : 12783955**

Amount of Each Disbursement this Period

5000.00
---------

Contribution to Federal Leadership PAC

Full Name (Last, First, Middle Initial)

**B. Holding onto Oregon's Priorities**

Mailing Address PO BOX 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : 12783994**

Amount of Each Disbursement this Period

5000.00
---------

Contribution to Federal Leadership PAC

Full Name (Last, First, Middle Initial)

**C. Loeb sack for Congress**

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Dave Loeb sack**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

**Transaction ID : 12784527**

Amount of Each Disbursement this Period

2500.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 231 OF 233

<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. Gregg Harper For Congress**

Mailing Address Post Office Box 54344

City	State	Zip Code
Pearl	MS	39288

Purpose of Disbursement  
Void - Gregg Harper For Congress-check lost

Candidate Name

**Rep. Gregg Harper**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MS	District: 03

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

**Transaction ID : 12800020**

Amount of Each Disbursement this Period

-2500.00
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Void - Gregg Harper For Congress-check lost

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-2500.00
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92500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 232 OF 233

<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 Richard A Bona Jr**

Mailing Address 1337 Inverness Ln

City	State	Zip Code
Schererville	IN	46375-2946

Purpose of Disbursement  
error in amount paid

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : 12852013**

Amount of Each Disbursement this Period

750.00
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error in amount paid

Full Name (Last, First, Middle Initial)

**B. Dr Jeffrey E Dodge**

Mailing Address 45 Payson St

City	State	Zip Code
Attleboro	MA	02703-1610

Purpose of Disbursement  
duplicate payment

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : 12852018**

Amount of Each Disbursement this Period

1000.00
---------

duplicate payment

Full Name (Last, First, Middle Initial)

**C. Dr Fred B Blythe**

Mailing Address 7927 E 87th St

City	State	Zip Code
Tulsa	OK	74133-4862

Purpose of Disbursement  
chose wrong giving level

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2014

**Transaction ID : 12852020**

Amount of Each Disbursement this Period

375.00
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chose wrong giving level

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2125.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 233 OF 233

<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 Robert A Coleman**

Mailing Address 40925 Coventry Rd

City	State	Zip Code
Novi	MI	48375-5220

Purpose of Disbursement  
change in decision of giving level

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2014

Transaction ID : 12852021

Amount of Each Disbursement this Period

500.00
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change in decision of giving level

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00
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2625.00
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