



11th Floor

1111 14th Street, N.W.

Washington, D.C. 20005

(202) 880-2424

American Dental
Political Action Committee

December 18, 1997

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir/Madam:

Please find enclosed our Committee's (I.D. #C00000729) **December 20th Report** covering the period of **November 1-30, 1997**. Also, please note that our line 12 amounts are reflective of receipts from various states, which act as our collecting agents for membership contributions. In order to track these receipts on our software, we must post them on line 12 so that the amount will be able to exceed \$200. Although we "treat" the states as individuals for our software purposes, these contributions still fall within FEC guidelines.

Thus, the software automatically produces schedules to justify the amount on line 12. Our Committee understands that these schedules are not necessary and that the amounts can be listed as itemized contributions on line 11a. But for our software purposes and in order to keep generating our reports by computer—it is much simpler to continue reporting in this manner, as long as it is within FEC guidelines. Thank you for your cooperation and assistance.

Sincerely,



Cynthia J. Pickett
Manager, ADPAC

Dec 18 1 01 PM '97

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

DEC 18 1 01 16 '97

1. NAME OF COMMITTEE (in full) American Dental Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1111 14th Street, NW Suite 1100	2. FEC IDENTIFICATION NUMBER C00000729
CITY, STATE and ZIP CODE Washington, DC 20005	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/01/97</u> through <u>11/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 29,090.98
(b) Cash on Hand at Beginning of Reporting Period	\$ 347,240.64	
(c) Total Receipts (from line 19)	\$ 17,290.79	\$ 691,104.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 364,521.43	\$ 720,195.64
7. Total Disbursements (from Line 30)	\$ 47,981.58	\$ 423,625.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 296,569.85	\$ 296,569.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 699 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Francis X. McLaughlin, Jr., Assistant Treasurer

Signature of Treasurer: *Francis X. McLaughlin, Jr.* Date: **17 DEC 97**

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

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE American Dental Political Action Committee	REPORT COVERING PERIOD	
	FROM: 11/01/97	TO: 11/30/97
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	0.00	0.00
ii. Unitemized.....	0.00	0.00
iii. Total.....(add i and ii)>	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add aii,b and c)>	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	14,730.39	679,563.33
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	288.84
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1,500.00	2,500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1,050.40	8,752.49
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d,12,13,14,15,16,17,and 18)>	17,280.79	691,104.66
20. Total Federal Receipts.....(subtract line 18 from line 19)>	17,280.79	691,104.66
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	998.58	1,580.44
c. Total Operating Expenditures.....(Add a.i, a.ii, and b)>	998.58	1,580.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66,953.00	417,695.35
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....(Add a,b, and c)>	0.00	0.00
29. Other Disbursements.....	0.00	4,350.00
30. Total Disbursements.....(Add 21c,22,23,24,25,26,27,28d, and 29)>	67,951.58	423,625.79
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30)>	67,951.58	423,625.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	0.00	0.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	0.00	0.00
35. Total Federal Operating Expenditures.....(add 21 a.i and 21 b)>	998.58	1,580.44
36. Offsets to Operating Expenditures (from line 16).....	0.00	288.84
37. Net Operating Expenditures.....(subtract line 36 from 35)>	998.58	1,291.60

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code 1111 E. Tennessee Street Suite 102 Tallahassee, 32308-6914		Name of Employer Florida Dental PAC Occupation	Date (Month day, Year) 11/07/97	Amount of Each Receipt this Period 137.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 23,360.75		
B. Full Name, Mailing Address and Zip Code PO Box 120188 Nashville, 37212		Name of Employer Tennessee Dental PAC Occupation	Date (Month day, Year) 11/07/97	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 17,875.00		
C. Full Name, Mailing Address and Zip Code PO Box 3341 Harrisburg, 17105		Name of Employer Pennsylvania Dental PAC Occupation	Date (Month day, Year) 11/07/97	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 22,249.75		
D. Full Name, Mailing Address and Zip Code 505 5th Avenue Suite 333 Des Moines, 50309-2379		Name of Employer Iowa Dental PAC Occupation	Date (Month day, Year) 11/07/97	Amount of Each Receipt this Period 1,900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 6,225.00		
E. Full Name, Mailing Address and Zip Code PO Box 1707 Jefferson City, 65102-1707		Name of Employer Missouri Dental PAC Occupation	Date (Month day, Year) 11/07/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 8,150.00		
F. Full Name, Mailing Address and Zip Code PO Box 1707 Jefferson City, 65102-1707		Name of Employer Missouri Dental PAC Occupation	Date (Month day, Year) 11/07/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 8,175.00		
G. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC Occupation	Date (Month day, Year) 11/07/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 14,297.00		
SUB TOTAL of Receipts This Page (Optional).....>				2,362.50
TOTAL this Period (Last page this line number only).....>				

SCHEDULE A

ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/07/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 14,397.00</p>		
<p>B. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/07/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 14,497.00</p>		
<p>C. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/07/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 14,597.00</p>		
<p>D. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/07/97</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 14,647.00</p>		
<p>E. Full Name, Mailing Address and Zip Code One Dental Plaza North Brunswick, 08902-4311</p>	<p>Name of Employer New Jersey Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/14/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 28,366.50</p>		
<p>F. Full Name, Mailing Address and Zip Code PO Box 6906 Richmond, 23230</p>	<p>Name of Employer Virginia Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/14/97</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 20,445.00</p>		
<p>G. Full Name, Mailing Address and Zip Code PO Box 6906 Richmond, 23230</p>	<p>Name of Employer Virginia Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/14/97</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 20,520.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>550.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code PO Box 6906 Richmond, 23230	Name of Employer Virginia Dental PAC Occupation	Date (Month day, Year) 11/14/97	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 20,595.00		
B. Full Name, Mailing Address and Zip Code PO Box 4099 Cary, 27519	Name of Employer North Carolina Dental PAC Occupation	Date (Month day, Year) 11/14/97	Amount of Each Receipt this Period 5,700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 28,645.00		
C. Full Name, Mailing Address and Zip Code PO Box 2229 Concord, 03302-2229	Name of Employer New Hampshire Dental PAC Occupation	Date (Month day, Year) 11/14/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,525.00		
D. Full Name, Mailing Address and Zip Code PO Box 376 1010 S. 2nd St. (zip-62704) Springfield, 62705	Name of Employer Illinois Dental PAC Occupation	Date (Month day, Year) 11/14/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 28,280.00		
E. Full Name, Mailing Address and Zip Code 2801 Buford Highway Suite T60 Atlanta, 30329-2137	Name of Employer Georgia Dental PAC Occupation	Date (Month day, Year) 11/14/97	Amount of Each Receipt this Period 2,475.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 17,825.00		
F. Full Name, Mailing Address and Zip Code 1220 West Hays Street Boise, 83702	Name of Employer Idaho Dental PAC Occupation	Date (Month day, Year) 11/14/97	Amount of Each Receipt this Period 525.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 4,750.05		
G. Full Name, Mailing Address and Zip Code 17898 SW McEwan Road Portland, 97224-7798	Name of Employer Oregon Dental PAC Occupation	Date (Month day, Year) 11/14/97	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 7,650.00		
SUB TOTAL of Receipts This Page (Optional).....>			9,150.00
TOTAL this Period (Last page this line number only).....>			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 6
FOR LINE NUMBER 12

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

A. Full Name, Mailing Address and Zip Code PO Box 215 Manchester, 04351	Name of Employer Maine Dental PAC Occupation	Date (Month day, Year) 11/14/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,475.00		
B. Full Name, Mailing Address and Zip Code 83 Speen Street Natick, 01760	Name of Employer Massachusetts Dental PAC Occupation	Date (Month day, Year) 11/21/97	Amount of Each Receipt this Period 31.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 15,478.48		
C. Full Name, Mailing Address and Zip Code 17898 SW McEwan Road Portland, 97224-7798	Name of Employer Oregon Dental PAC Occupation	Date (Month day, Year) 11/21/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 7,750.00		
D. Full Name, Mailing Address and Zip Code PO Box 3341 Harrisburg, 17105	Name of Employer Pennsylvania Dental PAC Occupation	Date (Month day, Year) 11/21/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 22,349.75		
E. Full Name, Mailing Address and Zip Code PO Box 3341 Harrisburg, 17105	Name of Employer Pennsylvania Dental PAC Occupation	Date (Month day, Year) 11/21/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 22,449.75		
F. Full Name, Mailing Address and Zip Code 17898 SW McEwan Road Portland, 97224-7798	Name of Employer Oregon Dental PAC Occupation	Date (Month day, Year) 11/21/97	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 7,800.00		
G. Full Name, Mailing Address and Zip Code PO Box 4099 Cary, 27519	Name of Employer North Carolina Dental PAC Occupation	Date (Month day, Year) 11/21/97	Amount of Each Receipt this Period 1,046.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 29,691.65		

SUB TOTAL of Receipts This Page (Optional) > **1,452.89**

TOTAL this Period (Last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6
FOR LINE NUMBER 12

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

<p>A. Full Name, Mailing Address and Zip Code</p> <p>PO Box 4099 Cary, 27519</p>	<p>Name of Employer North Carolina Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/21/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 29,791.65</p>		
<p>B. Full Name, Mailing Address and Zip Code</p> <p>PO Box 3341 Harrisburg, 17105</p>	<p>Name of Employer Pennsylvania Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/21/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 22,549.75</p>		
<p>C. Full Name, Mailing Address and Zip Code</p> <p>One Dental Plaza North Brunswick, 08902-4311</p>	<p>Name of Employer New Jersey Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/26/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 28,466.50</p>		
<p>D. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/26/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 14,747.00</p>		
<p>E. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/26/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 14,847.00</p>		
<p>F. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/26/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 14,947.00</p>		
<p>G. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 11/26/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 15,047.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>700.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	6	6
FOR LINE NUMBER		12

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

A. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-date > \$ 15,147.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-date > \$ 15,247.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation	Aggregate Year-to-date > \$ 15,272.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-date > \$ 15,372.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code One Dental Plaza North Brunswick, 08902-4311	Name of Employer New Jersey Dental PAC	Date (Month day, Year) 11/26/97	Amount of Each Receipt this Period 190.00
	Occupation	Aggregate Year-to-date > \$ 28,656.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
SUB TOTAL of Receipts This Page (Optional)>			515.00
TOTAL this Period (Last page this line number only)>			14,730.39

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code 629 W. Interstate 44 Svc. Rd. Oklahoma City, 73118		Name of Employer Oklahoma Dental PAC	Date (Month day, Year) 11/07/97	Amount of Each Receipt this Period 1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998		Occupation	Aggregate Year-to-date > \$ 5,200.00	
B. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
C. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
D. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
E. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
F. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
G. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional).....>	1,500.00
TOTAL this Period (Last page this line number only).....>	1,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 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 Political Action Committee

A. Full Name, Mailing Address and Zip Code , DC	Name of Employer Crestar Hard Dollar Acct	Date (Month day, Year) 11/28/97	Amount of Each Receipt this Period 52.85
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,244.44		
B. Full Name, Mailing Address and Zip Code , NJ	Name of Employer Dreyfus Hard Dollar Acct	Date (Month day, Year) 11/28/97	Amount of Each Receipt this Period 817.34
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,764.19		
C. Full Name, Mailing Address and Zip Code , MD	Name of Employer Mellon Hard Dollar Acct	Date (Month day, Year) 11/28/97	Amount of Each Receipt this Period 180.21
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,743.86		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	1,050.40
TOTAL this Period (Last page this line number only).....>	1,050.40

SCHEDULE B ITEMIZED DISBURSEMENTS

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 or any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code Mellon Hard Dollar Account , MD	Purpose of Disbursement service charges-credit cards Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day,Year) 11/18/97	Amount of Each Disb. this Period 972.48
B. Full Name, Mailing Address and Zip Code Crestar Hard Dollar Account 1445 New York Avenue Washington, DC 20005	Purpose of Disbursement service charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day,Year) 11/28/97	Amount of Each Disb. this Period 26.10
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional)..... > **998.58**

TOTAL this Period (Last page this line number only)..... > **998.58**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER

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

<p>A. Full Name, Mailing Address and Zip Code Matt Salmon for Congress</p>	<p>Purpose of Disbursement Matt Salmon, U.S. HOUSE 1st AZ</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 11/04/97</p>	<p>Amount of Each Disb. this Period 1,250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Committee for John Shadegg , AZ</p>	<p>Purpose of Disbursement John Shadegg, U.S. HOUSE 4th AZ</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 11/04/97</p>	<p>Amount of Each Disb. this Period 1,200.00</p>
<p>C. Full Name, Mailing Address and Zip Code Louise Slaughter Re-election Comm.</p>	<p>Purpose of Disbursement Louise M. Slaughter, U.S. HOUSE 28th NY</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 11/05/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Boswell for Congress</p>	<p>Purpose of Disbursement Leonard L. Boswell, U.S. HOUSE 3rd IA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 11/05/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Committee for Melvin Watt , NC</p>	<p>Purpose of Disbursement Melvin Watt, U.S. HOUSE 12th NC</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 11/05/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code La Colline Restaurant 400 North Capitol Street Washington, DC</p>	<p>Purpose of Disbursement in-kind contribution for Nita Lowey</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 11/05/97</p>	<p>Amount of Each Disb. this Period 203.00 (In-Kind)</p>
<p>G. Full Name, Mailing Address and Zip Code Committee for Nita M. Lowey , NY</p>	<p>Purpose of Disbursement in-kind contribution for Nita Lowey</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 11/06/97</p>	<p>Amount of Each Disb. this Period 203.00 (Same In-Kind)</p>
<p>H. Full Name, Mailing Address and Zip Code Committee for Nita M. Lowey , NY</p>	<p>Purpose of Disbursement Nita M. Lowey, U.S. HOUSE 18th NY</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 11/06/97</p>	<p>Amount of Each Disb. this Period 300.00</p>
<p>I. Full Name, Mailing Address and Zip Code Ben Cardin for Congress PO Box 65056 Baltimore, MD 21209</p>	<p>Purpose of Disbursement Benjamin L. Cardin, U.S. HOUSE 3rd MD</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 11/06/97</p>	<p>Amount of Each Disb. this Period 500.00</p>

SUB TOTAL of Disbursements this page (Optional).....> **4,953.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (In Full)
American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code Christine Hernandez for Congress Committee PO Box 120037 San Antonio, TX 78212	Purpose of Disbursement Christine Hernandez, U.S. HOUSE 20th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/07/97	Amount of Each Disb. this Period 2,000.00
B. Full Name, Mailing Address and Zip Code Committee for Peter J. Vislosky TN	Purpose of Disbursement Peter J. Vislosky, U.S. HOUSE 1st IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/11/97	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Clay Campaign Committee 5011 N. Kingshighway St. Louis, MO 63115	Purpose of Disbursement William L. Clay, U.S. HOUSE 1st MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/11/97	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Louise Slaughter Re-election Comm.	Purpose of Disbursement Louise M. Slaughter, U.S. HOUSE 28th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/18/97	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Keep Nick Rahall in Congress Comm.	Purpose of Disbursement Nick J. Rahall, U.S. HOUSE 3rd WV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Bob Wise for Congress Comm.	Purpose of Disbursement Bob Wise, U.S. HOUSE 2nd WV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Alan Mollohan for Congress Committee PO Box 1343 Fairmont, WV 26555	Purpose of Disbursement Alan B. Mollohan, U.S. HOUSE 1st WV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,500.00
H. Full Name, Mailing Address and Zip Code Chris Cannon for Congress Comm.	Purpose of Disbursement Chris Cannon, U.S. HOUSE 3rd UT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code Cook for Congress	Purpose of Disbursement Merril Cook, U.S. HOUSE 2nd UT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > **10,500.00**

TOTAL this Period (Last page this line number only)..... >

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)
 American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code Jim Hansen Committee PO Box 654 Farmington, UT 84025	Purpose of Disbursement James V. Hansen, U.S. HOUSE 1st UT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Ed Bryant for Congress PO Box 1961 Cordova, TN 38018	Purpose of Disbursement Ed Bryant, U.S. HOUSE 7th TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code VAN HILLEARY FOR CONGRESS PO BOX 1136 SPRING CITY, TN 37381	Purpose of Disbursement Van Hilleary, U.S. HOUSE 4th TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,500.00
D. Full Name, Mailing Address and Zip Code FRIENDS OF ZACH WAMP 2044 MARINA COVE DRIVE HIXSON, TN 37343	Purpose of Disbursement Zach Wamp, U.S. HOUSE 3rd TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,500.00
E. Full Name, Mailing Address and Zip Code Duncan for Congress , TN	Purpose of Disbursement John J. "Jimmy" Duncan, U.S. HOUSE 2nd TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Friends of Paul McHale ,	Purpose of Disbursement Paul McHale, U.S. HOUSE 15th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Weldon for Congress Comm. ,	Purpose of Disbursement Curt Weldon, U.S. HOUSE 7th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
H. Full Name, Mailing Address and Zip Code Committee for Robert A. Boraki , PA	Purpose of Disbursement Robert A. Boraki, U.S. HOUSE 3rd PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code Committee for Peter A. DeFazio , OR	Purpose of Disbursement Peter A. DeFazio, U.S. HOUSE 4th OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 10,000.00

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Trafficant for Congress 1823 Basil Avenue Poland, OH 44514	James Trafficant, U.S. HOUSE 17th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
Comm to Elect John McHugh	John M. McHugh, U.S. HOUSE 24th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
Committee for Sherwood Boehlert , NY	Sherwood Boehlert, U.S. HOUSE 23rd NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
McNulty for Congress Comm.	Michael R. McNulty, U.S. HOUSE 21st NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,500.00
Citizens for Gilman	Benjamin A. Gilman, U.S. HOUSE 20th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
Nadler for Congress	Jerrold Nadler, U.S. HOUSE 8th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
Committee for William Delahunt , MA	William Delahunt, U.S. HOUSE 10th MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
Committee for Barney Frank , MA	Barney Frank, U.S. HOUSE 4th MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
Richard E. Neal for Congress Committee PO Box 2884 Washington, DC 20003	Richard E. Neal, U.S. HOUSE 2nd MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,500.00

SUB TOTAL of Disbursements this page (Optional).....>	10,000.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Bartlett for Congress MD	Roscoe G. Bartlett, U.S. HOUSE 6th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
B. Full Name, Mailing Address and Zip Code Committee for Wayne T. Gilchrest MD	Wayne T. Gilchrest, U.S. HOUSE 1st MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
C. Full Name, Mailing Address and Zip Code POSHARD FOR CONGRESS 1601 EUGENE LANE MARION, IL 62959	Glen Poshard, U.S. HOUSE 19th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
D. Full Name, Mailing Address and Zip Code Friends of Ray LaHood 3311 N. Sterling Avenue Suite 10 Peoria, IL 61604	Ray LaHood, U.S. HOUSE 18th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
E. Full Name, Mailing Address and Zip Code Ewing for Congress PO Box 766 Pontiac, IL 61764	Thomas W. Ewing, U.S. HOUSE 15th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
F. Full Name, Mailing Address and Zip Code Costello for Congress Committee	Jerry F. Costello, U.S. HOUSE 12th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
G. Full Name, Mailing Address and Zip Code Committee for Mac Collins GA	Mac Collins, U.S. HOUSE 3rd GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,500.00
H. Full Name, Mailing Address and Zip Code Committee for Earl F. Hilliard AL	Earl F. Hilliard, U.S. HOUSE 7th AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
I. Full Name, Mailing Address and Zip Code Bachus for Congress	Spencer Bachus, U.S. HOUSE 6th AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 9,500.00

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and Zip Code Committee for Bud Cramer , AL	Purpose of Disbursement Bud Cramer, U.S. HOUSE 5th AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Bob Riley for Congress ,	Purpose of Disbursement Bob Riley, U.S. HOUSE 3rd AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Callahan for Congress Committee PO Box 7641 Mobile, AL 36607	Purpose of Disbursement Sonny Callahan, U.S. HOUSE 1st AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,500.00
D. Full Name, Mailing Address and Zip Code Committee for Ron Lewis , KY	Purpose of Disbursement Ron Lewis, U.S. HOUSE 2nd KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Baldacci for Congress '96 ,	Purpose of Disbursement John Baldacci, U.S. HOUSE 2nd ME Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Committee for Richard H. Baker , LA	Purpose of Disbursement Richard H. Baker, U.S. HOUSE 6th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Gibbons for Congress 4655 Air Center Circle Reno, NV 89502	Purpose of Disbursement Jim Gibbons, U.S. HOUSE 2nd NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
H. Full Name, Mailing Address and Zip Code Committee for Sue Myrick , NC	Purpose of Disbursement Sue Myrick, U.S. HOUSE 9th NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code Coble for Congress ,	Purpose of Disbursement Howard Coble, U.S. HOUSE 6th NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/25/97	Amount of Each Disb. this Period 1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 9,500.00

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	7	8
FOR LINE NUMBER		
23		

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Danny K. Davis, U.S. HOUSE 7th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Marion Berry for Congress	Marion Berry, U.S. HOUSE 1st AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Pickering for Congress	Chip Pickering, U.S. HOUSE 3rd MS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Committee for Joel Hefley , CO	Joel Hefley, U.S. HOUSE 5th CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Schaffer for Congress	Bob Schaffer, U.S. HOUSE 4th CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Committee for William O. Lipinski , IL	William O. Lipinski, U.S. HOUSE 3rd IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	10,000.00
TOTAL this Period (Last page this line number only).....>	

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Jerry Kleczka 3268 South 9th Street Milwaukee, WI 53215	Gerald D. Kleczka, U.S. HOUSE 4th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,500.00
B. Full Name, Mailing Address and Zip Code Cooksey for Congress	John Cooksey, U.S. HOUSE 5th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/25/97	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> 2,500.00

TOTAL this Period (Last page this line number only).....> 66,953.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>12-18-97</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jed</i> PREPARER	<i>12-18-97</i> DATE PREPARED