

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

Check if different than previously reported. (ACC) Suite 1100

Washington DC 20005

2. **FEC IDENTIFICATION NUMBER ▼** C C00000729 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input checked="" type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> 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 11 / 01 / 2011 through M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011

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 Richard Huot

Signature of Treasurer Dr Richard Huot *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2011

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Dental Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="264244.39"/>	<input type="text" value="264244.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="556015.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37191.40"/>	<input type="text" value="1143029.12"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="593207.14"/>	<input type="text" value="1407273.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="86280.21"/>	<input type="text" value="900346.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="506926.93"/>	<input type="text" value="506926.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: 11 / 01 / 2011 To: 11 / 30 / 2011

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).....	4755.00	272128.40
(ii) Unitemized	25016.50	795743.65
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29771.50	1067872.05
(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)	29771.50	1067872.05
12. Transfers From Affiliated/Other Party Committees.....	1409.15	67701.98
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	13.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6010.75	6442.09
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))..... ▶	37191.40	1143029.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37191.40	1143029.12

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3280.21	10237.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3280.21	10237.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	83000.00	889851.21
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	0.00	98.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	98.00
29. Other Disbursements	0.00	160.00
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)) ..	86280.21	900346.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86280.21	900346.58

DETAILED SUMMARY PAGE
of Disbursements

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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)	29771.50	1067872.05
34. Total Contribution Refunds (from Line 28(d))	0.00	98.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29771.50	1067774.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3280.21	10237.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	13.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3280.21	10224.37

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

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

FOR LINE NUMBER: PAGE 6 OF 26
(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

A. Dr Eugene T Giannini
 Full Name (Last, First, Middle Initial)
 Mailing Address 5104 Rockwood Pkwy NW
 City Washington State DC Zip Code 20016-1916
 FEC ID 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 Y
 11 / 04 / 2011
Transaction ID : 10365385
 Amount of Each Receipt this Period
 500.00

B. Dr Ricardo Alberto Cuevas
 Full Name (Last, First, Middle Initial)
 Mailing Address 454 Otis Dr
 City Ripon State CA Zip Code 95366-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 10365386
 Amount of Each Receipt this Period
 200.00

C. Dr Karen Diane Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 6140 K-6 S Gun Club Rd #261
 City Aurora State CO Zip Code 80016
 FEC ID 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
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 10365387
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 26
(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 Asp

Mailing Address 1725 S Weimar St

City State Zip Code
 Appleton WI 54915-4227

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

Name of Employer Occupation
 self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 10365388

Amount of Each Receipt this Period
 305.00

Full Name (Last, First, Middle Initial)
B. Dr Dennis D Sommers

Mailing Address 17 Westfield Cir

City State Zip Code
 Minot ND 58701-3365

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

Name of Employer Occupation
 self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2011
Transaction ID : 10365795

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Dr Alejandro Martin Aguirre

Mailing Address 12545 42nd PI N

City State Zip Code
 Plymouth MN 55442-2348

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

Name of Employer Occupation
 self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 10372505

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1305.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Harold R Christiansen
 Full Name (Last, First, Middle Initial)
 Mailing Address 12341 E Vassar Dr
 City Aurora State CO Zip Code 80014-1929
 FEC ID 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 Y
 11 / 22 / 2011
Transaction ID : 10437310
 Amount of Each Receipt this Period
 500.00

B. Dr David M White
 Full Name (Last, First, Middle Initial)
 Mailing Address 11245 Torino Way
 City Reno State NV Zip Code 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : 10440932
 Amount of Each Receipt this Period
 500.00

C. Dr William Allen Pfeifer
 Full Name (Last, First, Middle Initial)
 Mailing Address 12009 S. Allerton Circle
 City Parker State CO Zip Code 80138-8829
 FEC ID 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 Y
 11 / 22 / 2011
Transaction ID : 10440933
 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 9 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Scarlet Disse-Pfeifer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6979 S Holly Circle
 City Centennial State CO Zip Code 80112-1577
 FEC ID 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
 11 / 22 / 2011
Transaction ID : 10440934
 Amount of Each Receipt this Period
 250.00

B. Dr Timothy R Kuntz
 Full Name (Last, First, Middle Initial)
 Mailing Address 31166 Highway 12
 City Sioux City State IA Zip Code 51109-9074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : 10443083
 Amount of Each Receipt this Period
 250.00

C. Dr David C Schirmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3128 Knoll Rd
 City Painted Post State NY Zip Code 14870-9011
 FEC ID 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 Y
 11 / 16 / 2011
Transaction ID : 10448972
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	4755.00

**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 10 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. California Dental PAC		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2011 Transaction ID : 10390727
Mailing Address PO Box 13749		Amount of Each Receipt this Period 626.32
City Sacramento	State CA	Zip Code 95853
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 16596.15	

Full Name (Last, First, Middle Initial) B. California Dental PAC		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2011 Transaction ID : 10448945
Mailing Address PO Box 13749		Amount of Each Receipt this Period 635.83
City Sacramento	State CA	Zip Code 95853
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17231.98	

Full Name (Last, First, Middle Initial) C. California Dental PAC		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2011 Transaction ID : 10448946
Mailing Address PO Box 13749		Amount of Each Receipt this Period 147.00
City Sacramento	State CA	Zip Code 95853
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17378.98	

SUBTOTAL of Receipts This Page (optional).....▶	1409.15
TOTAL This Period (last page this line number only).....▶	1409.15

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" 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. Citibank 1		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 10468945
Mailing Address 1500 Vermont Ave Nw		Amount of Each Receipt this Period 25.75
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.09	

Full Name (Last, First, Middle Initial) B. American Dental Association		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 10469936
Mailing Address 211 E. Chicago Avenue		Amount of Each Receipt this Period 5985.00
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5985.00	Registration Fees Transfer

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	6010.75
TOTAL This Period (last page this line number only).....▶	6010.75

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement
Credit Card Processing

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10468944

Amount of Each Disbursement this Period

Credit Card Processing

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Coffman For Congress

Mailing Address 9249 South Broadway
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Mike Coffman

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2011			

Transaction ID : 10355516

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Lincoln PAC

Mailing Address 3701 Connecticut Ave., NW #404

City Washington State DC Zip Code 20008

Purpose of Disbursement
Contribution to Federal Candidate's Leadership PAC

Candidate Name
Lincoln PAC

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2011			

Transaction ID : 10355520

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate's Leadership PAC

Full Name (Last, First, Middle Initial)

C. Geoff Davis For Congress

Mailing Address PO Box 17192

City Ft Mitchell State KY Zip Code 41017

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Geoff Davis

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: KY District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2011			

Transaction ID : 10357593

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)..... ▶

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. 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/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2011

Transaction ID : 10359634

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Connolly For Congress

Mailing Address PO Box 563

City State Zip Code
Merrifield VA 22116

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Gerald E. Connolly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2011

Transaction ID : 10359640

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Coffman For Congress

Mailing Address 9249 South Broadway
#200-501

City State Zip Code
Highlands Ranch CO 80129

Purpose of Disbursement
Void - Coffman For Congress -- Check error

011

Candidate Name

Rep. Mike Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2011

Transaction ID : 10359645

Amount of Each Disbursement this Period

-1500.00

Void - Coffman For Congress -- Check error

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Coffman For Congress

Mailing Address 9249 South Broadway
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name

Rep. Mike Coffman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

Transaction ID : 10359646

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name

Rep. Rick Larsen

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

Transaction ID : 10361251

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Hoosiers For Rokita, Inc.

Mailing Address 7643 East U.S. 36

City Avon State IN Zip Code 46123

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Todd Rokita

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2011			

Transaction ID : 10361289

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Canseco For Congress

Mailing Address 10004 Wurzbach Road #366

City San Antonio State TX Zip Code 78230

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Francisco R. Canseco

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2011

Transaction ID : 10372492

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Lummis For Congress

Mailing Address PO Box 52188

City Casper State WY Zip Code 82609

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Cynthia M. Lummis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2011

Transaction ID : 10372503

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2011

Transaction ID : 10373967

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

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

5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Team Emerson For Jo Ann Emerson

Mailing Address P.O. Box 822
400 Broadway, Suite 501

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Jo Ann Emerson

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2011

Transaction ID : 10373968

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. S. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2011

Transaction ID : 10373969

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Glacier Pac

Mailing Address 818 Connecticut Avenue, NW
#1100

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution to Federal Candidate's Leadership PAC

011

Candidate Name

Glacier Pac

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2011

Transaction ID : 10373970

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate's Leadership PAC

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

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

9000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Heath Shuler For Congress

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Heath Shuler

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2011			

Transaction ID : 10379374

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Mailing Address 309 N Baldwin St

City Madison State WI Zip Code 53703

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Mr. Mark Pocan

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2011			

Transaction ID : 10416427

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Sen. Richard M. Burr

Category/
Type

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2011			

Transaction ID : 10416428

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Doyle for Congress

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Michael Doyle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2011			

Transaction ID : 10424494

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Peter Welch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2011			

Transaction ID : 10424495

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Sen. Joe Manchin III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2011			

Transaction ID : 10427550

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins For Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2011			

Transaction ID : 10432465

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Capps For Congress

Mailing Address 301 E. Carrillo Street, Suite A

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2011			

Transaction ID : 10432487

Amount of Each Disbursement this Period

3500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Thoroughbred PAC

Mailing Address PO Box 65116

City Washington State DC Zip Code 20035

Purpose of Disbursement
Contribution to Federal Candidate's Leadership PAC

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2011			

Transaction ID : 10432489

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate's Leadership PAC

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens For Harkin

Mailing Address P O Box 811

City State Zip Code
Des Moines IA 50304

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. Tom Harkin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2011			

Transaction ID : 10432901

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Friends Of Congressman Tim Holden

Mailing Address 18 North Second Street, Box 37

City State Zip Code
Saint Clair PA 17970

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Tim Holden

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2011			

Transaction ID : 10436399

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Latta For Congress

Mailing Address PO Box 106

City State Zip Code
Bowling Green OH 43402

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Robert Latta

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2011			

Transaction ID : 10436408

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. The Committee for a Strong America

Mailing Address

City State Zip Code

Purpose of Disbursement
Contribution to Federal Candidate's Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			21			2011					

Transaction ID : 10436431

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate's Leadership PAC

Full Name (Last, First, Middle Initial)

B. Voice For Freedom PAC

Mailing Address 2451 Cumberland Parkway
Ste 3264

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Contribution to Federal Candidate's Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			22			2011					

Transaction ID : 10436992

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate's Leadership PAC

Full Name (Last, First, Middle Initial)

C. Friends Of Scott Desjarlais

Mailing Address P O Box 90133

City Nashville State TN Zip Code 37209

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Scott Eugene DesJarlais

Office Sought: House
 Senate
 President

Disbursement For: 2012 Primary General
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			22			2011					

Transaction ID : 10437008

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)..... ▶

9000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Rob Andrews U.S. House Committee

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 07076

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Robert E. Andrews

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2011			

Transaction ID : 10437009

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Paul David Tonko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2011			

Transaction ID : 10437010

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Mike Thompson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2011			

Transaction ID : 10440903

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. David Price for Congress

Mailing Address PO Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement

011

Candidate Name

David Price

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			29			2011					

Transaction ID : 10441157

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Boswell For Congress

Mailing Address PO Box 1814

City Des Moines State IA Zip Code 50305

Purpose of Disbursement

011

Candidate Name

Rep. Leonard L. Boswell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			29			2011					

Transaction ID : 10441158

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Berkley For Senate

Mailing Address 3077 E Warm Springs Rd Suite 300

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement

011

Candidate Name

Rep. Shelley Berkley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			29			2011					

Transaction ID : 10442750

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tom Reed

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2011

Transaction ID : 10443409

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

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)..... ▶

1000.00

83000.00
