

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Dental Political Action Committee

ADDRESS (number and street) 1111 14th Street, NW
Suite 1100
 Check if different than previously reported. (ACC)
Washington DC 20005

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2007 through 03 31 2007

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 Roger Triftshauer

Signature of Treasurer Electronically Filed by Dr Roger Triftshauer Date 01 31 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Dental Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		406004.72
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	549891.15									
(c) Total Receipts (from Line 19)	185411.73	474594.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	735302.88	880598.94								
7. Total Disbursements (from Line 31)	139753.98	285050.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	595548.90	595548.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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 Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	980.00	11100.00
(i) Itemized (use Schedule A)	149657.20	356309.84
(ii) Unitemized	150637.20	367409.84
(iii) TOTAL (add Lines 11(a)(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 Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	150637.20	367409.84
12. Transfers From Affiliated/Other Party Committees	34555.10	106649.89
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	219.43	534.49
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 Transfer (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))	185411.73	474594.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	185411.73	474594.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	273.98	382.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	273.98	382.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	138500.00	283500.00
24. Independent Expenditure (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 Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	980.00	1167.49
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	139753.98	285050.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	139753.98	285050.04

DETAILED SUMMARY PAGE
of Disbursements

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	150637.20	367409.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150637.20	367409.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	273.98	382.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	273.98	382.55

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

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

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

<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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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 (Last, First, Middle Initial)
Florida Dental PAC

Mailing Address 1111 E. Tennessee Street
Suite 102

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
42840.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: 3835480

Amount of Each Receipt this Period

13520.00

B.

Full Name (Last, First, Middle Initial)
New Jersey Dental PAC

Mailing Address One Dental Plaza
PO Box 6020

City State Zip Code
North Brunswick NJ 08902

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10800.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: 3835481

Amount of Each Receipt this Period

1880.00

C.

Full Name (Last, First, Middle Initial)
Indiana Dental PAC

Mailing Address PO Box 2467

City State Zip Code
Indianapolis IN 46206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10545.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: 3835482

Amount of Each Receipt this Period

5050.00

SUBTOTAL of Receipts This Page (optional)

20450.00

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 / 37

(check only one)

<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 Political Action Committee

A.

Full Name (Last, First, Middle Initial) Florida Dental PAC		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address 1111 E. Tennessee Street Suite 102		Transaction ID: 3852690
City Tallahassee	State FL	Zip Code 32308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6600.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 49440.00	

B.

Full Name (Last, First, Middle Initial) Indiana Dental PAC		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address PO Box 2467		Transaction ID: 3852693
City Indianapolis	State IN	Zip Code 46206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10705.00	

C.

Full Name (Last, First, Middle Initial) Nevada Dental PAC		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address 8863 W Flamingo Rd., Ste 102		Transaction ID: 3852694
City Las Vegas	State NV	Zip Code 89147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

SUBTOTAL of Receipts This Page (optional)	6960.00
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 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
California Dental PAC

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
26438.21

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 6 / 2 0 0 7

Transaction ID: 3852697

Amount of Each Receipt this Period
3438.42

B. Full Name (Last, First, Middle Initial)
Nevada Dental PAC

Mailing Address 8863 W Flamingo Rd., Ste 102

City State Zip Code
Las Vegas NV 89147

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 6 / 2 0 0 7

Transaction ID: 3852698

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
California Dental PAC

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
28814.89

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 0 7

Transaction ID: 3862870

Amount of Each Receipt this Period
2376.68

SUBTOTAL of Receipts This Page (optional) ► **5935.10**

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 / 37
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Indiana Dental PAC

Mailing Address PO Box 2467

City State Zip Code
Indianapolis IN 46206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10875.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2007

Transaction ID: 3862871

Amount of Each Receipt this Period
170.00

B. Full Name (Last, First, Middle Initial)
New Jersey Dental PAC

Mailing Address One Dental Plaza
PO Box 6020

City State Zip Code
North Brunswick NJ 08902

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11760.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2007

Transaction ID: 3862874

Amount of Each Receipt this Period
960.00

C. Full Name (Last, First, Middle Initial)
Nevada Dental PAC

Mailing Address 8863 W Flamingo Rd., Ste 102

City State Zip Code
Las Vegas NV 89147

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1280.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: 3870593

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **1210.00**

TOTAL This Period (last page this line number only) ► **34555.10**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 37
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr David V Guzek

Mailing Address 4500 BLAIR LN

City Valparaiso State IN Zip Code 46383-9167

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 02 / 2007
Transaction ID: 3835483
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr Thomas Brian Rundle

Mailing Address #2 Saw Grass Trail

City Ottumwa State IA Zip Code 52501-8994

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 09 / 2007
Transaction ID: 3839150
 Amount of Each Receipt this Period: 240.00

C.

Full Name (Last, First, Middle Initial)
Dr Scott C Berman

Mailing Address 7420 Old Maple Sq

City Mc Lean State VA Zip Code 22102-2817

FEC ID 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: 03 / 09 / 2007
Transaction ID: 3839155
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► **690.00**

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 11 / 37	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Richard D Rowntree		Date of Receipt																					
	Mailing Address 1721 Palomino Ln		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	3		2	0	0	7														
	City	State	Zip Code		Transaction ID: 3862863																			
	Kingwood	TX	77339-3281																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer self-employed		Occupation		<input type="text" value="290.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="290.00"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="290.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="980.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 37
(check only one)

<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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Citibank 1

Mailing Address 1500 Vermont Ave Nw

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
534.49

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 7

Transaction ID: 3871694

Amount of Each Receipt this Period
219.43

SUBTOTAL of Receipts This Page (optional)	▶	219.43
TOTAL This Period (last page this line number only)	▶	219.43

**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)

PAGE 13 / 37

<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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 3871696

Date of Disbursement

03 / 31 / 2007

Amount of Each Disbursement this Period

273.98

SUBTOTAL of Disbursements This Page (optional)

273.98

TOTAL This Period (last page this line number only)

273.98

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Capuano For Congress</p> <p>Mailing Address P.O. Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Dr Art Eddy will attend event in district</p> <p>Candidate Name Michael Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3835398</p> <p>Date of Disbursement 03 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Dr Art Eddy will attend event in district</p>
<p>B. Full Name (Last, First, Middle Initial) Marion Berry For Congress</p> <p>Mailing Address P.O. Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement Judy Sherman will attend event</p> <p>Candidate Name Rep. Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3835399</p> <p>Date of Disbursement 03 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Judy Sherman will attend event</p>
<p>C. Full Name (Last, First, Middle Initial) John Salazar For Congress</p> <p>Mailing Address PO Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Judy Sherman will attend event</p> <p>Candidate Name Rep. John T. Salazar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3835397</p> <p>Date of Disbursement 03 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Judy Sherman will attend event</p>

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Chet Edwards For Congress</p> <p>Mailing Address PO Box 23273</p> <p>City Waco State TX Zip Code 76702</p> <p>Purpose of Disbursement judy sherman will attend event</p> <p>Candidate Name Rep. Chet Edwards</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3838236 Date of Disbursement: 03 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>judy sherman will attend event</p>
<p>B. Full Name (Last, First, Middle Initial) Lautenberg For Senate</p> <p>Mailing Address Gateway One 23rd Floor</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement check mailed to Jim Schulz</p> <p>Candidate Name Sen. Frank R. Lautenberg</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3838188 Date of Disbursement: 03 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check mailed to Jim Schulz</p>
<p>C. Full Name (Last, First, Middle Initial) Comm. To Re-Elect Nydia Velazquez</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement mike graham will attend event</p> <p>Candidate Name Nydia Velazquez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3838243 Date of Disbursement: 03 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>mike graham will attend event</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of Roger Wicker Mailing Address P.O. Box 874 City Tupelo State MS Zip Code 38802 Purpose of Disbursement Judy Sherman will attend event Candidate Name Roger Wicker Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3838189 Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 1000.00 Judy Sherman will attend event
B.	Full Name (Last, First, Middle Initial) Latham For Congress Mailing Address P.O. Box 71 PO Box 71 City Clarion State IA Zip Code 50525 Purpose of Disbursement requested by Larry Carl Candidate Name Rep. Thomas P. Latham Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3838185 Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 1000.00 requested by Larry Carl
C.	Full Name (Last, First, Middle Initial) Ron Lewis For Congress Mailing Address PO Box 307 City Elizabethtown State KY Zip Code 42702 Purpose of Disbursement mike graham will attend event Candidate Name Rep. Ron Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3838237 Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 1000.00 mike graham will attend event

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

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<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of George Miller Mailing Address PO Box 5864 City Concord State CA Zip Code 94524 Purpose of Disbursement mike graham will attend event Candidate Name George Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3838238 Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 1000.00 mike graham will attend event	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends of George Miller Mailing Address PO Box 5864 City Concord State CA Zip Code 94524 Purpose of Disbursement Void - Friends of George Miller Candidate Name George Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3838239 Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period -1000.00 Void - Friends of George Miller	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Gary Miller For Congress Mailing Address 721 S Brea Canyon Road Suite 7 City Diamond Bar State CA Zip Code 91789 Purpose of Disbursement mike graham will attend event Candidate Name Rep. Gary G. Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3838240 Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 1000.00 mike graham will attend event	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Walden for Congress	Transaction ID: 3838183 Date of Disbursement 03 / 07 / 2007
	Mailing Address PO Box 1091	Amount of Each Disbursement this Period 2500.00
	City Hood River State OR Zip Code 97031	
	Purpose of Disbursement mailed to Dr Bruce Burton	011 Category/ Type
	Candidate Name Greg Walden	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		mailed to Dr Bruce Burton

B.	Full Name (Last, First, Middle Initial) Cmte To Elect Artur Davis	Transaction ID: 3838184 Date of Disbursement 03 / 07 / 2007
	Mailing Address PO Box 1845	Amount of Each Disbursement this Period 1000.00
	City Birmingham State AL Zip Code 35201	
	Purpose of Disbursement jennifer fisher will attend event	011 Category/ Type
	Candidate Name Artur Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		jennifer fisher will attend event

C.	Full Name (Last, First, Middle Initial) Whitehouse 06	Transaction ID: 3838187 Date of Disbursement 03 / 07 / 2007
	Mailing Address PO Box 40280	Amount of Each Disbursement this Period 5000.00
	City Providence State RI Zip Code 02940	
	Purpose of Disbursement 2006 general debt retirement	011 Category/ Type
	Candidate Name Sen. Sheldon Whitehouse	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Other
		2006 general debt retirement

SUBTOTAL of Disbursements This Page (optional)	▶	8500.00
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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Anna Eshoo For Congress</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement katie yehl attended eve</p> <p>Candidate Name Rep. Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3839163 Date of Disbursement 03 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>katie yehl attended eve</p>
<p>B. Full Name (Last, First, Middle Initial) Republican National Committee</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Please credit Ms. Kelly Knight with this contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3839376 Date of Disbursement 03 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>Please credit Ms. Kelly Knight with this contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Pat Roberts For Senate</p> <p>Mailing Address PO Box 433</p> <p>City Great Bend State KS Zip Code 67530</p> <p>Purpose of Disbursement Judy Sherman will attend event</p> <p>Candidate Name Sen. Pat Roberts</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3839161 Date of Disbursement 03 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Judy Sherman will attend event</p>

SUBTOTAL of Disbursements This Page (optional) ►

18000.00

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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress Mailing Address Post Office Box 3068 City Barrington State IL Zip Code 60010 Purpose of Disbursement mailed ot Dr Tom Skiba Candidate Name Rep. Melissa L. Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3839164 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7	Amount of Each Disbursement this Period 1500.00
			mailed ot Dr Tom Skiba
B.	Full Name (Last, First, Middle Initial) Brian Baird For Congress Mailing Address PO Box 5016 City Vancouver State WA Zip Code 98668 Purpose of Disbursement jennifer fisher will attend event Candidate Name Rep. Brian Baird Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3839929 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
			jennifer fisher will atte-nd event
C.	Full Name (Last, First, Middle Initial) The Reed Committee Mailing Address PO Box 8268 City Cranston State RI Zip Code 02920 Purpose of Disbursement judy sherman will attend event Candidate Name Jack Reed Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3839398 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
			judy sherman will attend event

SUBTOTAL of Disbursements This Page (optional)	3500.00
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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kirk For Congress Mailing Address P.O. Box 8 City Winnetka State IL Zip Code 60093 Purpose of Disbursement mike graham will attend event Candidate Name Rep. Mark Steven Kirk Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3839404 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00 mike graham will attend event
B.	Full Name (Last, First, Middle Initial) Walsh for Congress Committee Mailing Address 306 Winkworth Parkway City Syracuse State NY Zip Code 13215 Purpose of Disbursement judy sherman will attend event Candidate Name James Walsh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3839399 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00 judy sherman will attend event
C.	Full Name (Last, First, Middle Initial) Chambliss For Senate Mailing Address Post Office Box 12469 City Atlanta State GA Zip Code 30355 Purpose of Disbursement mike graham will attend event Candidate Name Saxby Chambliss Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3839401 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00 mike graham will attend event

SUBTOTAL of Disbursements This Page (optional)		3000.00	
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)

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<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kind For Congress Committee	Transaction ID: 3839402 Date of Disbursement
	Mailing Address 205 South 5th Ave Suite 428	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period
	Purpose of Disbursement mike graham will attend event	<input type="text" value="1000.00"/>
	Candidate Name Rep. Ron Kind	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	mike graham will attend event
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress	Transaction ID: 3839403 Date of Disbursement
	Mailing Address P.O. Box 9336	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period
	Purpose of Disbursement mike graham will attend event	<input type="text" value="2000.00"/>
	Candidate Name Rep. Earl Pomeroy	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	mike graham will attend event
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Stabenow For Us Senate	Transaction ID: 3839400 Date of Disbursement
	Mailing Address PO Box 4945	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City East Lansing State MI Zip Code 48826	Amount of Each Disbursement this Period
	Purpose of Disbursement mailed to Kris Nicholoff	<input type="text" value="1000.00"/>
	Candidate Name Sen. Debbie Stabenow	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	mailed to Kris Nicholoff
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC	Transaction ID: 3839397 Date of Disbursement 03 / 12 / 2007
	Mailing Address 1350 I Street, NW Ste 560	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement requested by judy sherman Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		requested by judy sherman

B.	Full Name (Last, First, Middle Initial) Bob Corker For Senate 2012	Transaction ID: 3839592 Date of Disbursement 03 / 12 / 2007
	Mailing Address 832 Georgia Ave Ste 221	Amount of Each Disbursement this Period 5000.00
	City Chattanooga State TN Zip Code 37402	
	Purpose of Disbursement 2006 primary debt retirement Candidate Name Sen. Robert Corker	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		2006 US Other
		2006 primary debt retirement

C.	Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin	Transaction ID: 3852035 Date of Disbursement 03 / 13 / 2007
	Mailing Address 10 G Street Ne, Suite 470	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement overnighted to Kris Nicholoff Candidate Name Sen. Carl Levin	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		overnighted to Kris Nicholoff

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Collins For Senator

Transaction ID: 3852036
Date of Disbursement

Mailing Address PO Box 1096

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	7

City State Zip Code
Bangor ME 04402

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
overnight to Frances Miliano

011
Category/
Type

Candidate Name
Sen. Susan M. Collins

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

overnight to Frances Mi-
liano

State: ME District:

B.

Full Name (Last, First, Middle Initial)
Grassley Committee, Inc.

Transaction ID: 3852139
Date of Disbursement

Mailing Address PO Box 1000

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	7

City State Zip Code
Des Moines IA 50304

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
judy sherman will attend event

011
Category/
Type

Candidate Name
Charles Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

judy sherman will attend
event

State: IA District:

C.

Full Name (Last, First, Middle Initial)
Candice Miller For Congress

Transaction ID: 3852142
Date of Disbursement

Mailing Address PO Box 182152

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	7

City State Zip Code
Shelby Township MI 48318

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
overnight to Kris Nicholoff

011
Category/
Type

Candidate Name
Rep. Candice S. Miller

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

overnight to Kris Nicho-
loff

State: MI District: 10

SUBTOTAL of Disbursements This Page (optional)

8500.00

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)

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<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: 3852143 Date of Disbursement 03 / 14 / 2007
	Mailing Address P.O. Box 530788	
	City Livonia State MI Zip Code 48153	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement overnighred to Kris Nicholoff	011 Category/ Type
	Candidate Name Rep. Thaddeus G. McCotter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	overnighred to Kris Nicholoff
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Cathy McMorris For Congress	Transaction ID: 3852138 Date of Disbursement 03 / 14 / 2007
	Mailing Address Box 137	
	City Spokane State WA Zip Code 99210	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement overnighted to Dr John Ames	011 Category/ Type
	Candidate Name Rep. Cathy McMorris Rodgers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	overnighted to Dr John Ames
	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US General	

C.	Full Name (Last, First, Middle Initial) Jim Jordan for Congress	Transaction ID: 3852144 Date of Disbursement 03 / 14 / 2007
	Mailing Address 1709 State Route 560 S	
	City Urbana State OH Zip Code 43078	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement mike graham attended event	011 Category/ Type
	Candidate Name James Jordan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	mike graham attended event
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	8500.00
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)

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<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of Sherrod Brown	Transaction ID: 3852603 Date of Disbursement 03 / 15 / 2007
	Mailing Address 2280 Kresge Drive Ste 800	Amount of Each Disbursement this Period -5000.00
	City Amherst State OH Zip Code 44001	
	Purpose of Disbursement Void - Friends of Sherrod Brown-unable to deliver	011 Category/ Type
	Candidate Name Sherrod Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Other
		Void - Friends of Sherrod Brown-unable to deliver

B.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 3854702 Date of Disbursement 03 / 19 / 2007
	Mailing Address 320 First Street, SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Membership Dues-Congressional Forum	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Membership Dues-Congressional Forum

C.	Full Name (Last, First, Middle Initial) Mchenry For Congress	Transaction ID: 3854709 Date of Disbursement 03 / 19 / 2007
	Mailing Address PO Box 1406	Amount of Each Disbursement this Period 1000.00
	City Hickory State NC Zip Code 28603	
	Purpose of Disbursement Mike Graham attended event	011 Category/ Type
	Candidate Name Rep. Patrick T. McHenry	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Mike Graham attended event

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 313 17th Street P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61202</p> <p>Purpose of Disbursement Jennifer Fisher attended event</p> <p>Candidate Name Rep. Phil Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3854708 Date of Disbursement: 03 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Jennifer Fisher attended event</p>
<p>B. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Judy Sherman will attend event</p> <p>Candidate Name Rep. Michael N. Castle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3854750 Date of Disbursement: 03 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Judy Sherman will attend event</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Farr</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Judy Sherman will attend event</p> <p>Candidate Name Rep. Sam Farr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3854749 Date of Disbursement: 03 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Judy Sherman will attend event</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Levin For Congress

Mailing Address 230 North Avenue

City State Zip Code
Mt. Clemens MI 48043

Purpose of Disbursement
Judy Sherman will attend event

Candidate Name
Rep. Sander M. Levin

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 12

Transaction ID: 3854744
Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1500.00

Judy Sherman will attend event

B.

Full Name (Last, First, Middle Initial)
Friends of Jay Rockefeller

Mailing Address PO Box 1909

City State Zip Code
Charleston WV 25327

Purpose of Disbursement
Katie Yehl will attend event

Candidate Name
John Rockefeller

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WV District:

Transaction ID: 3854751
Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Katie Yehl will attend event

C.

Full Name (Last, First, Middle Initial)
Jerry Lewis for Congress Committee

Mailing Address 2112 Rayburn House Office Building

City State Zip Code
Washington DC 20515

Purpose of Disbursement
Judy Sherman will attend event

Candidate Name
Jerry Lewis

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 41

Transaction ID: 3854746
Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman will attend event

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)

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<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Reynolds For Congress	Transaction ID: 3854756 Date of Disbursement 03 / 20 / 2007
	Mailing Address PO Box 15388 Pittsford	Amount of Each Disbursement this Period 2500.00
	City Rochester State NY Zip Code 14615	
	Purpose of Disbursement Dr. Roger Triftshauer will deliver check	011 Category/ Type
	Candidate Name Rep. Thomas M. Reynolds	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Dr. Roger Triftshauer will deliver check

B.	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee	Transaction ID: 3854745 Date of Disbursement 03 / 20 / 2007
	Mailing Address PO Box 1949	Amount of Each Disbursement this Period 1000.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement Judy Sherman will attend event	011 Category/ Type
	Candidate Name Sen. Richard J. Durbin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Judy Sherman will attend event

C.	Full Name (Last, First, Middle Initial) Alexander for Senate	Transaction ID: 3854743 Date of Disbursement 03 / 20 / 2007
	Mailing Address PO Box 121919	Amount of Each Disbursement this Period 3000.00
	City Nashville State TN Zip Code 37212	
	Purpose of Disbursement check sent 2nd day air-Dr. Thomas Pryse	011 Category/ Type
	Candidate Name Lamar Alexander	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		check sent 2nd day air-Dr. Thomas Pryse

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Comm.</p> <p>Mailing Address c/o Bruce Lawrence PO Box 366</p> <p>City Fairport State NY Zip Code 14450</p> <p>Purpose of Disbursement check mailed to campaign/Judy Sherman attended event</p> <p>Candidate Name Louise Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3855177 Date of Disbursement 03 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check mailed to campaign/- Judy Sherman attended event</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement check sent to campaign/Jennifer Fisher attended event</p> <p>Candidate Name Rep. Rick Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3855191 Date of Disbursement 03 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to campaign/Je- nnifer Fisher attended event</p>
<p>C. Full Name (Last, First, Middle Initial) Nita Lowey For Congress</p> <p>Mailing Address PO Box 271</p> <p>City White Plains State NY Zip Code 10605</p> <p>Purpose of Disbursement check sent to campaign/Judy Sherman attended event</p> <p>Candidate Name Rep. Nita M. Lowey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3855371 Date of Disbursement 03 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to campaign/Ju- dy Sherman attended event</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement check mailed to campaign by request of Dr. Clyde Stockton Candidate Name Rep. James E. Clyburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3855176 Date of Disbursement 03 / 22 / 2007 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> check mailed to campaign by request of Dr. Clyde Stockton
B.	Full Name (Last, First, Middle Initial) Mark Udall For Congress Inc. <hr/> Mailing Address 8690 Wolff Court #200 <hr/> City Westminster State CO Zip Code 80031 <hr/> Purpose of Disbursement check sent to campaign/Jennifer Fisher attended event Candidate Name Rep. Mark Udall <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3855364 Date of Disbursement 03 / 22 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> check sent to campaign/Jennifer Fisher attended event
C.	Full Name (Last, First, Middle Initial) Gingrey For Congress <hr/> Mailing Address PO Box U <hr/> City Marietta State GA Zip Code 30060 <hr/> Purpose of Disbursement check overnighted to Dr. John Freihaut Candidate Name Rep. Phil Gingrey, M.D. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3855172 Date of Disbursement 03 / 22 / 2007 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> check overnighted to Dr. John Freihaut

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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 Political Action Committee

A. Full Name (Last, First, Middle Initial)
Texans For Senator John Cornyn Inc

Mailing Address 6850 Austin Centre Blvd
Suite 180

City Austin State TX Zip Code 78731

Purpose of Disbursement
check sent to Dr. Debrah Worsham

Candidate Name
Sen. John Cornyn

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District:

Transaction ID: 3864309

Date of Disbursement

03 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

check sent to Dr. Debrah
Worsham

B. Full Name (Last, First, Middle Initial)
Gene Green Campaign Committee

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
check sent to Dr. Elbert Coker

Candidate Name
Gene Green

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 29

Transaction ID: 3863296

Date of Disbursement

03 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

check sent to Dr. Elbert
Coker

C. Full Name (Last, First, Middle Initial)
Adrian Smith for Congress

Mailing Address 3321 Avenue 1
Ste 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement
Kathleen Ford will attend event/check sent to campaign

Candidate Name
Adrian Smith

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NE District: 03

Transaction ID: 3863352

Date of Disbursement

03 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Kathleen Ford will attend
event/check sent to campaign

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Walsh for Congress Committee</p> <p>Mailing Address 306 Winkworth Parkway</p> <p>City Syracuse State NY Zip Code 13215</p> <p>Purpose of Disbursement Judy Sherman hosted event/check sent to campaign</p> <p>Candidate Name James Walsh</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3863284</p> <p>Date of Disbursement 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Judy Sherman hosted event- /check sent to campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement check sent to Dr. Dennis Burns</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3863308</p> <p>Date of Disbursement 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Dennis Burns</p>
<p>C. Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee</p> <p>Mailing Address Post Office Box 28001 PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement check sent to Dr. Gary Oyster</p> <p>Candidate Name Rep. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3863290</p> <p>Date of Disbursement 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Gary Oy- ster</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

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<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Jim Inhofe Committee	Transaction ID: 3863346 Date of Disbursement
	Mailing Address PO Box 13300	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City Oklahoma City State OK Zip Code 73113	Amount of Each Disbursement this Period
	Purpose of Disbursement check sent to Dr. Jim Torchia	<input type="text" value="5000.00"/>
	Candidate Name Sen. James M. Inhofe	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	check sent to Dr. Jim Torchia
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Pastor for Congress	Transaction ID: 3863280 Date of Disbursement
	Mailing Address 802 North 3rd Avenue	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85003	Amount of Each Disbursement this Period
	Purpose of Disbursement Judy Sherman attended event/check mailed to campaign	<input type="text" value="1000.00"/>
	Candidate Name Ed Pastor	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04	Judy Sherman attended event/check mailed to campaign
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) LEGPAC	Transaction ID: 3863373 Date of Disbursement
	Mailing Address 38 Ivy Street, SE	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement May 18 event/check sent to PAC	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	May 18 event/check sent to PAC
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: 3865961 Date of Disbursement 03 / 29 / 2007
	Mailing Address PO Box 3176	Amount of Each Disbursement this Period 1000.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement Katie Yehl attended event/check sent to campaign	011 Category/ Type
	Candidate Name Rep. Frank Pallone, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Katie Yehl attended event- /check sent to campaign

B.	Full Name (Last, First, Middle Initial) Kagen 4 Congress	Transaction ID: 3865804 Date of Disbursement 03 / 29 / 2007
	Mailing Address 100 West Lawrence St	Amount of Each Disbursement this Period 1000.00
	City Appleton State WI Zip Code 54911	
	Purpose of Disbursement Judy Sherman attended event/check messengered to campaign	011 Category/ Type
	Candidate Name Steven Kagen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Judy Sherman attended eve- nt/check messengered to campaign

C.	Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc	Transaction ID: 3866037 Date of Disbursement 03 / 30 / 2007
	Mailing Address 6850 Austin Centre Blvd Suite 180	Amount of Each Disbursement this Period 2000.00
	City Austin State TX Zip Code 78731	
	Purpose of Disbursement check sent to Dr. Terry Darden	011 Category/ Type
	Candidate Name Sen. John Cornyn	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		check sent to Dr. Terry Darden

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

138500.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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

A. Full Name (Last, First, Middle Initial) DC Treasurer <hr/> Mailing Address DC Office of Tax & Revenue Ben Franklin Station, PO Box 601 <hr/> City Washington State DC Zip Code 20044 <hr/> Purpose of Disbursement EIN#52-0913198; 2006 FR-128; TAX YR 2006 Candidate Name	Transaction ID: 3841432 Date of Disbursement 03 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 245.00 <hr/> EIN#52-0913198; 2006 FR-1-28; TAX YR 2006		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001	
		Disbursement For:	
B. Full Name (Last, First, Middle Initial) Citibank 1 <hr/> Mailing Address 1500 Vermont Ave Nw <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Federal Tax Payment-YE 2006 Candidate Name	Transaction ID: 3841431 Date of Disbursement 03 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 735.00 <hr/> Federal Tax Payment-YE 20-06		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001	
		Disbursement For:	

SUBTOTAL of Disbursements This Page (optional) ►

980.00

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

980.00