

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 Association Political Action Committee

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

2. **FEC IDENTIFICATION NUMBER** 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 06 01 2008 through 06 30 2008

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 Dennis Zent

Signature of Treasurer Electronically Filed by Dr Dennis Zent Date 11 06 2009

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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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Adjusted beginning cash on hand amount.

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		491747.10
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	591366.25									
(c) Total Receipts (from Line 19)	10123.43	769946.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	601489.68	1261693.50								
7. Total Disbursements (from Line 31)	239507.38	899711.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	361982.30	361982.30								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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)	500.00	27740.00
(ii) Unitemized	7646.00	619942.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8146.00	647682.24
(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)	8146.00	647682.24
12. Transfers From Affiliated/Other Party Committees	1766.04	119227.01
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.)	211.39	3037.15
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))	10123.43	769946.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10123.43	769946.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	407.38	2753.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	407.38	2753.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	239100.00	896100.00
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.....	0.00	858.00
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))..	239507.38	899711.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	239507.38	899711.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	8146.00	647682.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8146.00	647682.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	407.38	2753.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	407.38	2753.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 48
(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. 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 ▼
11916.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: 6961633

Amount of Each Receipt this Period
40.00

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 ▼
12720.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: 6961638

Amount of Each Receipt this Period
440.00

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 ▼
3840.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: 6961640

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **540.00**

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 / 48
(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. Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address PO Box 13749
City Sacramento State CA Zip Code 95853
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 20651.50
Date of Receipt 06 / 13 / 2008
Transaction ID: 6961641
Amount of Each Receipt this Period 1032.70

B. Full Name (Last, First, Middle Initial)
California Dental PAC
Mailing Address PO Box 13749
City Sacramento State CA Zip Code 95853
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 20684.84
Date of Receipt 06 / 30 / 2008
Transaction ID: 6966780
Amount of Each Receipt this Period 33.34

C. Full Name (Last, First, Middle Initial)
New Jersey Dental PAC
Mailing Address One Dental Plaza
PO Box 6020
City North Brunswick State NJ Zip Code 08902
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 12880.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 6966907
Amount of Each Receipt this Period 160.00

SUBTOTAL of Receipts This Page (optional) ► 1226.04
TOTAL This Period (last page this line number only) ► 1766.04

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

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

FOR LINE NUMBER: PAGE 9 / 48
(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.	Full Name (Last, First, Middle Initial) Dr N Gene Pittman, Jr		Date of Receipt MM / DD / YYYY 06 / 20 / 2008		
	Mailing Address N61W15763 Edgemont Dr		Transaction ID: 6964096		
	City Menomonee Falls	State WI	Zip Code 53051-5745	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer self-employed		Occupation dentist	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 48
(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 Association 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 ▼
1417.15

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 6971434

Amount of Each Receipt this Period
211.39

SUBTOTAL of Receipts This Page (optional)	▶	211.39
TOTAL This Period (last page this line number only)	▶	211.39

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Doc Hastings</p> <p>Mailing Address PO Box 2926</p> <p>City Pasco State WA Zip Code 99302</p> <p>Purpose of Disbursement Check sent to Dr. Rob Merrill</p> <p>Candidate Name Rep. Richard Hastings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6830657 Date of Disbursement 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Check sent to Dr. Rob Merrill</p>
<p>B. Full Name (Last, First, Middle Initial) Norm Dicks For Congress Committee</p> <p>Mailing Address PO Box 1663</p> <p>City Tacoma State WA Zip Code 98401</p> <p>Purpose of Disbursement Void - Norm Dicks For Congress Committee-stop payment due to lost check</p> <p>Candidate Name Norman Dicks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6831310 Date of Disbursement 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>Void - Norm Dicks For Congress Committee-stop payment due to lost check</p>
<p>C. Full Name (Last, First, Middle Initial) Latham For Congress</p> <p>Mailing Address P.O. Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement Check sent to Campaign-Kathleen Ford attended event on 06/03/08</p> <p>Candidate Name Rep. Thomas P. Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6831363 Date of Disbursement 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign-Kathleen Ford attended event on 06/03/08</p>

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 Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 6831367 Date of Disbursement 06 / 04 / 2008
	Mailing Address 3161 Dixie Highway Suite F	Amount of Each Disbursement this Period 1000.00
	City Erlanger State KY Zip Code 41018	
	Purpose of Disbursement Check sent to Campaign-Kathleen Ford attended event on 06/04/08	011 Category/ Type
	Candidate Name Rep. Geoffrey Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign-Kathleen Ford attended event on 06/04/08

B.	Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: 6831371 Date of Disbursement 06 / 04 / 2008
	Mailing Address PO Box 1024	Amount of Each Disbursement this Period 5000.00
	City Mount Laurel State NJ Zip Code 08054	
	Purpose of Disbursement Check sent to Jim Schulz	011 Category/ Type
	Candidate Name Mr. John Adler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Jim Schulz

C.	Full Name (Last, First, Middle Initial) Linder For Congress	Transaction ID: 6831372 Date of Disbursement 06 / 04 / 2008
	Mailing Address P. O. Box 4026	Amount of Each Disbursement this Period 5000.00
	City Duluth State GA Zip Code 30096	
	Purpose of Disbursement Check sent to Dr. Marie Schweinebraten	011 Category/ Type
	Candidate Name Rep. John Linder	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Marie Schweinebraten

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 Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Phil PAC	Transaction ID: 6831373 Date of Disbursement 06 / 04 / 2008
	Mailing Address PO Box 26366	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22313	
	Purpose of Disbursement Check sent to Dr. Andrew Kwasny	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Check sent to Dr. Andrew Kwasny
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Cummings For Congress Campaign Committee	Transaction ID: 6831374 Date of Disbursement 06 / 04 / 2008
	Mailing Address PO Box 1631	Amount of Each Disbursement this Period 5000.00
	City Baltimore State MD Zip Code 21203	
	Purpose of Disbursement Check sent to Mr. Frank McLaughlin	011 Category/ Type
	Candidate Name Rep. Elijah E. Cummings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Check sent to Mr. Frank McLaughlin
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Norm Dicks For Congress Committee	Transaction ID: 6831375 Date of Disbursement 06 / 04 / 2008
	Mailing Address PO Box 1663	Amount of Each Disbursement this Period 1000.00
	City Tacoma State WA Zip Code 98401	
	Purpose of Disbursement Check sent to Mr. Bracken Killpack	011 Category/ Type
	Candidate Name Norman Dicks	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06	Check sent to Mr. Bracken Killpack
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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)

<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

<p>A. Full Name (Last, First, Middle Initial) Ameripac</p> <p>Mailing Address 499 South Capitol, SW Suite 414</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Check sent to PAC-event attended by Judy Sherman on 06/06/08</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: 6831376 Date of Disbursement 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to PAC-event attended by Judy Sherman on 06/06/08</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Patrick Kennedy</p> <p>Mailing Address 501 Capitol Court NE Suite 100</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Check sent to Campaign-event attended by Dr. Bob Bartro on 06/07/08</p> <p>Candidate Name Patrick Kennedy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6849193 Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-event attended by Dr. Bob Bartro on 06/07/08</p>
<p>C. Full Name (Last, First, Middle Initial) Onder For Congress</p> <p>Mailing Address PO Box 1771</p> <p>City Columbia State MO Zip Code 65205</p> <p>Purpose of Disbursement Check sent to Mr. Aaron Washburn</p> <p>Candidate Name Robert Onder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6849195 Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Aaron Washburn</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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 Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee</p> <p>Mailing Address P.O. Box 54175</p> <p>City Lubbock State TX Zip Code 79453</p> <p>Purpose of Disbursement Check sent to Jay Adkins</p> <p>Candidate Name Rep. Robert R. Neugebauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6849196 Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Jay Adkins</p>
<p>B. Full Name (Last, First, Middle Initial) Mccollum For Congress</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Check sent to Dominic Sposeto</p> <p>Candidate Name Rep. Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6849197 Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dominic Sposeto</p>
<p>C. Full Name (Last, First, Middle Initial) Matsui For Congress</p> <p>Mailing Address PO Box 1738</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement Check sent to Dean Chalios</p> <p>Candidate Name Rep. Doris Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6849198 Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dean Chalios</p>

SUBTOTAL of Disbursements This Page (optional)	7000.00
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

<p>A. Full Name (Last, First, Middle Initial) Childers for Congress</p> <p>Mailing Address PO Box 177</p> <p>City Booneville State MS Zip Code 38829</p> <p>Purpose of Disbursement Check sent to Connie Lane</p> <p>Candidate Name Travis Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6849199 Date of Disbursement: 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Connie Lane</p>
<p>B. Full Name (Last, First, Middle Initial) Doyle for Congress</p> <p>Mailing Address 2227 Hampton Street</p> <p>City Pittsburgh State PA Zip Code 15218</p> <p>Purpose of Disbursement Check sent to Dr. Edmund Effort</p> <p>Candidate Name Michael Doyle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6849200 Date of Disbursement: 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Edmund Effort</p>
<p>C. Full Name (Last, First, Middle Initial) Sestak for Congress</p> <p>Mailing Address PO Box 16</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Check sent to Dr. Ron Bushick</p> <p>Candidate Name Joseph Sestak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6942055 Date of Disbursement: 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Ron Bushick</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

A.	Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress	Transaction ID: 6961436 Date of Disbursement 06 / 17 / 2008
	Mailing Address 1071 Twin Branch Ln	Amount of Each Disbursement this Period 1000.00
	City Weston State FL Zip Code 33326	
	Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 06/11/08	011 Category/ Type
	Candidate Name Rep. Debbie Wasserman-Schultz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign-Judy Sherman attended event 06/11/08

B.	Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 6961464 Date of Disbursement 06 / 17 / 2008
	Mailing Address P.O. Box 8508	Amount of Each Disbursement this Period 2000.00
	City Utica State NY Zip Code 13505	
	Purpose of Disbursement Check sent to Roy Lasky	011 Category/ Type
	Candidate Name Rep. Michael Arcuri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Roy Lasky

C.	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	Transaction ID: 6961466 Date of Disbursement 06 / 17 / 2008
	Mailing Address PO Box 12612	Amount of Each Disbursement this Period 3000.00
	City San Antonio State TX Zip Code 78212	
	Purpose of Disbursement Check sent to Dr. Corky Carnahan	011 Category/ Type
	Candidate Name Rep. Charles A. Gonzalez	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Corky Carnahan

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 Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Niki Tsongas Committee, The</p> <p>Mailing Address PO Box 1454</p> <p>City Lowell State MA Zip Code 01853</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. Nicola Tsongas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6961470 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Andy Harris For Congress</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement Check sent to Frank McLaughlin</p> <p>Candidate Name Andrew Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6961471 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Check sent to Frank McLaughlin</p>
<p>C. Full Name (Last, First, Middle Initial) Linda Stender For Congress</p> <p>Mailing Address P.O. Box 730</p> <p>City Scotch Plains State NJ Zip Code 07076</p> <p>Purpose of Disbursement Check sent to Mr. Jim Schulz</p> <p>Candidate Name Linda Stender</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6961472 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Jim Schulz</p>

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 Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Friends Of Roy Blunt</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Check sent to Dr. Thomas Stone</p> <p>Candidate Name Rep. Roy Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6961473 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Thomas Stone</p>
<p>B. Full Name (Last, First, Middle Initial) Gillibrand for Congress</p> <p>Mailing Address PO Box 1279</p> <p>City Hudson State NY Zip Code 12534</p> <p>Purpose of Disbursement Check sent to Roy Lasky</p> <p>Candidate Name Kirsten Gillibrand</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6961474 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Roy Lasky</p>
<p>C. Full Name (Last, First, Middle Initial) Lampson For Congress</p> <p>Mailing Address PO Box 21578</p> <p>City Beaumont State TX Zip Code 77720</p> <p>Purpose of Disbursement Check sent to Dr. Jim Condrey</p> <p>Candidate Name Nick Lampson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6961475 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Jim Condrey</p>

SUBTOTAL of Disbursements This Page (optional) ► **12500.00**

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

A. Full Name (Last, First, Middle Initial)
Diana DeGette for Congress, Inc

Mailing Address 770 Grant Street, #238

City State Zip Code
Denver CO 80203

Purpose of Disbursement
Check sent to Campaign

011
Category/
Type

Candidate Name
Diana DeGette

Office Sought: House
 Senate
 President
State: CO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 6961545
Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

Check sent to Campaign

B. Full Name (Last, First, Middle Initial)
Lee Terry For Congress

Mailing Address P.O. Box 540098

City State Zip Code
Omaha NE 68154

Purpose of Disbursement
Check sent to Campaign

011
Category/
Type

Candidate Name
Rep. Lee Terry

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 6961579
Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

Check sent to Campaign

C. Full Name (Last, First, Middle Initial)
Clarke For Congress

Mailing Address 111-36 200th Street

City State Zip Code
Hollis NY 11412

Purpose of Disbursement
Check sent to Roy Lasky

011
Category/
Type

Candidate Name
Rep. Yvette Clarke

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 6961580
Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

3000.00

Check sent to Roy Lasky

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) 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

A.	Full Name (Last, First, Middle Initial) McNulty For Congress Comm.	Transaction ID: 6961582 Date of Disbursement 06 / 17 / 2008
	Mailing Address PO Box 1560	Amount of Each Disbursement this Period 3000.00
	City Green Island State NY Zip Code 12183	
	Purpose of Disbursement Check sent to Roy Lasky	011 Category/ Type
	Candidate Name Michael McNulty	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Roy Lasky

B.	Full Name (Last, First, Middle Initial) Comm To Elect McHugh	Transaction ID: 6961584 Date of Disbursement 06 / 17 / 2008
	Mailing Address 228 S Washington St., Ste 115 PO Box 70052	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Check sent to Roy Lasky	011 Category/ Type
	Candidate Name John McHugh	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Roy Lasky

C.	Full Name (Last, First, Middle Initial) Committee to Reelect Ed Towns	Transaction ID: 6961585 Date of Disbursement 06 / 17 / 2008
	Mailing Address 2232 Rayburn House Office Building	Amount of Each Disbursement this Period 4000.00
	City Washington State DC Zip Code 20515	
	Purpose of Disbursement Check sent to Roy Lasky	011 Category/ Type
	Candidate Name Edolphus Towns	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Roy Lasky

SUBTOTAL of Disbursements This Page (optional)	▶	12000.00
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

<p>A. Full Name (Last, First, Middle Initial) Sue Myrick For Congress</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Check sent to Dr. Ken Owen</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6961586 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Ken Owen</p>
<p>B. Full Name (Last, First, Middle Initial) Meeks for Congress</p> <p>Mailing Address 219-10 South Conduit Avenue 219-10 South Conduit Avenue</p> <p>City Springfield Garden State NY Zip Code 11413</p> <p>Purpose of Disbursement Check sent to Roy Lasky</p> <p>Candidate Name Gregory Meeks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6961587 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Roy Lasky</p>
<p>C. Full Name (Last, First, Middle Initial) Dutch Ruppensberger For Congress</p> <p>Mailing Address 22 West Padonia Road Suite C-141</p> <p>City Timonium State MD Zip Code 21093</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. C.A. Dutch Ruppensberger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6961588 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

A. Full Name (Last, First, Middle Initial) A Lot of People for Dave Obey <hr/> Mailing Address PO Box 1322 <hr/> City Wausau State WI Zip Code 54402 <hr/> Purpose of Disbursement Check sent to Campaign-event attended by Judy Sherman 06/09/08 Candidate Name David Obey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6961667 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 <hr/> Check sent to Campaign-event attended by Judy Sherman 06/09/08

B. Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress Cmte. <hr/> Mailing Address 2559 East 72nd Street <hr/> City Chicago State IL Zip Code 60649 <hr/> Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 06/09/08 Candidate Name Jesse Jackson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6961673 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 <hr/> Check sent to Campaign-Judy Sherman attended event 06/09/08

C. Full Name (Last, First, Middle Initial) Walter Jones for Congress Committee <hr/> Mailing Address PO Box 99667 <hr/> City Raleigh State NC Zip Code 27624 <hr/> Purpose of Disbursement Check sent to Campaign-Frank Kyle attended event 06/09/2008 Candidate Name Walter Jones <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6963903 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 <hr/> Check sent to Campaign-Frank Kyle attended event 06/09/2008

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

<p>A. Full Name (Last, First, Middle Initial) Carney for Congress</p> <p>Mailing Address PO Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement Check sent to Campaign-Frank Kyle attended event on 06/11/2008</p> <p>Candidate Name Christopher Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6963904 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Frank Kyle attended event on 06/11/2008</p>
<p>B. Full Name (Last, First, Middle Initial) Castor For Congress</p> <p>Mailing Address 301 West Platt St. #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Check sent to Campaign-Frank Kyle attended event 06/12/2008</p> <p>Candidate Name Kathy Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6963905 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Frank Kyle attended event 06/12/2008</p>
<p>C. Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address 2525 N Baker Dr</p> <p>City Canby State OR Zip Code 97013</p> <p>Purpose of Disbursement Check sent to Brett Hamilton</p> <p>Candidate Name Rep. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6963906 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Brett Hamilton</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

<p>A. Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV 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: 6963907 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Ben Chandler For Congress</p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. Benjamin Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6963919 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6963921 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign</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 Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 6963924 Date of Disbursement 06 / 19 / 2008
	Mailing Address P. O. Box 17813	Amount of Each Disbursement this Period 1500.00
	City Richmond State VA Zip Code 23226	
	Purpose of Disbursement Check sent to Campaign	011 Category/ Type
	Candidate Name Rep. Eric I. Cantor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign

B.	Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona	Transaction ID: 6963926 Date of Disbursement 06 / 19 / 2008
	Mailing Address PO Box G	Amount of Each Disbursement this Period 5000.00
	City Flagstaff State AZ Zip Code 86002	
	Purpose of Disbursement Check sent to Paul Gosar	011 Category/ Type
	Candidate Name Rep. Ann Kirkpatrick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Paul Gosar

C.	Full Name (Last, First, Middle Initial) Chris Lee For Congress	Transaction ID: 6963928 Date of Disbursement 06 / 19 / 2008
	Mailing Address PO Box 15395	Amount of Each Disbursement this Period 1000.00
	City Rochester State NY Zip Code 14615	
	Purpose of Disbursement Check sent to Dr. Triftshauer	011 Category/ Type
	Candidate Name Rep. Christopher Lee	
	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) ▼
		Check sent to Dr. Triftshauer

SUBTOTAL of Disbursements This Page (optional)	7500.00
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

A. Full Name (Last, First, Middle Initial)
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Check sent to Jim Williams

Candidate Name
Rep. Christopher S. Murphy

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: CT District: 05

Transaction ID: 6963929
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

300.00

Check sent to Jim Williams

B. Full Name (Last, First, Middle Initial)
Kuhl For Congress

Mailing Address 10 Ganesvoort Street
Suite 101

City Bath State NY Zip Code 14810

Purpose of Disbursement
Check sent to Rick Andolina

Candidate Name
Rep. John Randall Kuhl, Jr.

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: NY District: 29

Transaction ID: 6963930
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Check sent to Rick Andolina

C. Full Name (Last, First, Middle Initial)
Boyd For Congress

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement
Check sent to Campaign-Judy Sherman attended event 06/18/08

Candidate Name
Rep. Allen Boyd

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 02

Transaction ID: 6963931
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Check sent to Campaign-Judy Sherman attended event 06/18/08

SUBTOTAL of Disbursements This Page (optional) ►

2300.00

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

<p>A. Full Name (Last, First, Middle Initial) Sensenbrenner Committee</p> <p>Mailing Address P. O. Box 575</p> <p>City Brookfield State WI Zip Code 53008</p> <p>Purpose of Disbursement Check sent to Dr. Monica Hebl</p> <p>Candidate Name Rep. F. James Sensenbrenner, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6963934 Date of Disbursement: 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Monica Hebl</p>
<p>B. Full Name (Last, First, Middle Initial) Barrasso For Senate</p> <p>Mailing Address P.O. Box 51996</p> <p>City Casper State WY Zip Code 82605</p> <p>Purpose of Disbursement Check delivered to Campaign by KFord for event 06/20/08-06/21/08</p> <p>Candidate Name John Barasso</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6963937 Date of Disbursement: 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check delivered to Campaign by KFord for event 06/20/08-06/21/08</p>
<p>C. Full Name (Last, First, Middle Initial) Mike Thompson For Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Check sent to Dr. Jim Wood for event 06/22/08</p> <p>Candidate Name Mr. C Michael Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA 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: 6963939 Date of Disbursement: 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Jim Wood for event 06/22/08</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

<p>A. Full Name (Last, First, Middle Initial) Scalise For Congress</p> <p>Mailing Address 3100 Ridgelake Suite 309</p> <p>City Metairie State LA Zip Code 70002</p> <p>Purpose of Disbursement Check sent to Jim Moreau</p> <p>Candidate Name Steve Scalise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6964451 Date of Disbursement 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p>Check sent to Jim Moreau</p>
<p>B. Full Name (Last, First, Middle Initial) People For Patty Murray US Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98199</p> <p>Purpose of Disbursement Check sent to Campaign</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6965130 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Campaign</p>
<p>C. Full Name (Last, First, Middle Initial) Jay Love for Congress</p> <p>Mailing Address PO Box 3221</p> <p>City Montgomery State AL Zip Code 36109</p> <p>Purpose of Disbursement Check sent to Wayne McMahan</p> <p>Candidate Name Jay Love</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6965132 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>Check sent to Wayne McMahan</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6800.00

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

<p>A. Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee</p> <p>Mailing Address Post Office Box 2145</p> <p>City West Columbia State SC Zip Code 29171</p> <p>Purpose of Disbursement Check sent to Phil Latham</p> <p>Candidate Name Rep. Joe Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC 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: 6965133 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Check sent to Phil Latham</p>
<p>B. Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee</p> <p>Mailing Address Post Office Box 2145</p> <p>City West Columbia State SC Zip Code 29171</p> <p>Purpose of Disbursement Check sent to Phil Latham</p> <p>Candidate Name Rep. Joe Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6965134 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Phil Latham</p>
<p>C. Full Name (Last, First, Middle Initial) Abercrombie For Congress</p> <p>Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005</p> <p>City Honolulu State HI Zip Code 96814</p> <p>Purpose of Disbursement Check sent to Gary Yonemoto</p> <p>Candidate Name Rep. Neil Abercrombie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI 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: 6965135 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Gary Yonemoto</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

A.	Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress, Inc	Transaction ID: 6965136 Date of Disbursement 06 / 23 / 2008
	Mailing Address PO Box 682185	Amount of Each Disbursement this Period 3000.00
	City Franklin State TN Zip Code 37068	
	Purpose of Disbursement Check sent to Dr. Lowell Blevins	011 Category/ Type
	Candidate Name Marsha Blackburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Lowell Blevins

B.	Full Name (Last, First, Middle Initial) Latta For Congress Committee	Transaction ID: 6965137 Date of Disbursement 06 / 23 / 2008
	Mailing Address 300 North Main Street	Amount of Each Disbursement this Period 1000.00
	City Bowling Green State OH Zip Code 43402	
	Purpose of Disbursement Check sent to Campaign-approved by KFord	011 Category/ Type
	Candidate Name Mr. Robert Latta	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign-approved by KFord

C.	Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro	Transaction ID: 6965138 Date of Disbursement 06 / 23 / 2008
	Mailing Address 49 Huntington Street	Amount of Each Disbursement this Period 2000.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement Check sent to Dr. Kurt Koral	011 Category/ Type
	Candidate Name Rep. Rosa L. DeLauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Kurt Koral

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 Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro	Transaction ID: 6965139 Date of Disbursement 06 / 23 / 2008
	Mailing Address 49 Huntington Street	Amount of Each Disbursement this Period 500.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement Check sent to Dr. Kurt Korral	011 Category/ Type
	Candidate Name Rep. Rosa L. DeLauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Kurt Korral

B.	Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress	Transaction ID: 6965140 Date of Disbursement 06 / 23 / 2008
	Mailing Address P.O. Box 696	Amount of Each Disbursement this Period 2500.00
	City Madison State WI Zip Code 53701	
	Purpose of Disbursement Check sent to Mara Brooks	011 Category/ Type
	Candidate Name Rep. Tammy Baldwin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Mara Brooks

C.	Full Name (Last, First, Middle Initial) John Lewis For Congress	Transaction ID: 6965141 Date of Disbursement 06 / 23 / 2008
	Mailing Address 2015 Wallace Rd.	Amount of Each Disbursement this Period 2000.00
	City Atlanta State GA Zip Code 30331	
	Purpose of Disbursement Check sent to Dr. Richard Weinman	011 Category/ Type
	Candidate Name Rep. John Lewis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Richard Weinman

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) 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

<p>A. Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address 2015 Wallace Rd.</p> <p>City Atlanta State GA Zip Code 30331</p> <p>Purpose of Disbursement Check sent to Dr. Richard Weinman</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6965142 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Richard Weinman</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Gayle Harrell</p> <p>Mailing Address 1885 N.W. Eagle Point</p> <p>City Stuart State FL Zip Code 34994</p> <p>Purpose of Disbursement Check sent to Dr. Jay Walton</p> <p>Candidate Name Gayle Harrell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6965143 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Jay Walton</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Gayle Harrell</p> <p>Mailing Address 1885 N.W. Eagle Point</p> <p>City Stuart State FL Zip Code 34994</p> <p>Purpose of Disbursement Check sent to Dr. Jay Walton</p> <p>Candidate Name Gayle Harrell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6965144 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Jay Walton</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**

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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

A.	Full Name (Last, First, Middle Initial) Tinsley For Congress	Transaction ID: 6965995 Date of Disbursement 06 / 25 / 2008
	Mailing Address P O Box 708	
	City Capitan State NM Zip Code 88316	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Check sent to Dr. Keigm Crook	011 Category/ Type
	Candidate Name Mr. Edward Tinsley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Keigm Crook

B.	Full Name (Last, First, Middle Initial) Perlmutter for Congress	Transaction ID: 6965996 Date of Disbursement 06 / 25 / 2008
	Mailing Address 3440 Youngfield St #264	
	City Wheat Ridge State CO Zip Code 80033	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Check sent to Gary Cummins	011 Category/ Type
	Candidate Name Edwin Perlmutter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Gary Cummins

C.	Full Name (Last, First, Middle Initial) Coffman For Congress Inc.	Transaction ID: 6965997 Date of Disbursement 06 / 25 / 2008
	Mailing Address 9249 South Broadway Blvd. #200-501	
	City Highlands Ranch State CO Zip Code 80129	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Check sent to Gary Cummins	011 Category/ Type
	Candidate Name Mr. Mike Coffman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Gary Cummins

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

<p>A. Full Name (Last, First, Middle Initial) Bill Cassidy For Congress</p> <p>Mailing Address 3482 Drusilla Lane Suite 1</p> <p>City Baton Rouge State LA Zip Code 70809</p> <p>Purpose of Disbursement Check sent to Mr. Jim Moreau</p> <p>Candidate Name Rep. William Cassidy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6966070 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Mr. Jim Moreau</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Check sent to Campaign-Approved by Mary McCue and KFord</p> <p>Candidate Name Sen. Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6966072 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Approved by Mary McCue and KFord</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Dave Reichert</p> <p>Mailing Address P. O. Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement Check sent to Campaign-Kathleen Ford attended event 06/05/08</p> <p>Candidate Name Rep. David George Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA 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: 6966076 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Kathleen Ford attended event 06/05/08</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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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 Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of Mazie Hirono	Transaction ID: 6966085 Date of Disbursement 06 / 26 / 2008
	Mailing Address PO Box 677	Amount of Each Disbursement this Period 3000.00
	City Honolulu State HI Zip Code 96809	
	Purpose of Disbursement Check sent to Campaign-Requested by Loren Liebling, approved by KFord	011 Category/ Type
	Candidate Name Mazie Hirono	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign-Requested by Loren Liebling, approved by KFord

B.	Full Name (Last, First, Middle Initial) Gene Green Campaign Committee	Transaction ID: 6966086 Date of Disbursement 06 / 26 / 2008
	Mailing Address PO Box 16128	Amount of Each Disbursement this Period 3000.00
	City Houston State TX Zip Code 77222	
	Purpose of Disbursement Check sent to Dr. Mac Coker-requested by JP, approved by Deb Worsham and Kathleen Ford	011 Category/ Type
	Candidate Name Gene Green	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Mac Coker-requested by JP, approved by Deb Worsham and Kathleen Ford

C.	Full Name (Last, First, Middle Initial) Mcnerney For Congress	Transaction ID: 6966087 Date of Disbursement 06 / 26 / 2008
	Mailing Address 6520 Village Parkway Second Floor	Amount of Each Disbursement this Period 500.00
	City Dublin State CA Zip Code 94568	
	Purpose of Disbursement Check sent to Campaign-Jennifer Fisher attended event 06/24/08	011 Category/ Type
	Candidate Name Rep. Jerry McNerney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign-Jennifer Fisher attended event 06/24/08

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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 Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bishop For Congress	Transaction ID: 6966088 Date of Disbursement 06 / 26 / 2008
	Mailing Address PO Box 909	Amount of Each Disbursement this Period 1500.00
	City Columbus State GA Zip Code 31902	
	Purpose of Disbursement Check sent to Campaign-Jennifer Fisher attended event 06/25/08	011 Category/ Type
	Candidate Name Sanford Bishop	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign-Jennifer Fisher attended event 06/25/08

B.	Full Name (Last, First, Middle Initial) Tom Feeney For Congress	Transaction ID: 6966089 Date of Disbursement 06 / 26 / 2008
	Mailing Address 1420 Alafaya Trail #103	Amount of Each Disbursement this Period 3500.00
	City Oviedo State FL Zip Code 32765	
	Purpose of Disbursement Check sent to Dr. Robert Matteson-approved by KFord	011 Category/ Type
	Candidate Name Rep. Tom Feeney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Robert Matteson-approved by KFord

C.	Full Name (Last, First, Middle Initial) Tom Feeney For Congress	Transaction ID: 6966090 Date of Disbursement 06 / 26 / 2008
	Mailing Address 1420 Alafaya Trail #103	Amount of Each Disbursement this Period 1500.00
	City Oviedo State FL Zip Code 32765	
	Purpose of Disbursement Check sent to Dr. Robert Matteson-approved by KFord	011 Category/ Type
	Candidate Name Rep. Tom Feeney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Robert Matteson-approved by KFord

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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 Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address PO Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement Check sent to Campaign-approved by KFord</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6966091 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-approved by KFord</p>
<p>B. Full Name (Last, First, Middle Initial) Jeff Miller For Congress</p> <p>Mailing Address P. O. Box 126</p> <p>City Pensacola State FL Zip Code 32591</p> <p>Purpose of Disbursement Check sent to Campaign-Frank Kyle attended event 06/26/08</p> <p>Candidate Name Rep. Jeff B. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL 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: 6966092 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Frank Kyle attended event 06/26/08</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Ryan For Congress</p> <p>Mailing Address 80 F St Nw Suite 804 Suite 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 06/24/08</p> <p>Candidate Name Rep. Timothy J. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6966093 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Judy Sherman attended event 06/24/08</p>

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

<p>A. Full Name (Last, First, Middle Initial) Loebsack for Congress</p> <p>Mailing Address 385 E. College Street</p> <p>City Iowa City State IA Zip Code 52240</p> <p>Purpose of Disbursement Check sent to Campaign-requested by Judy Sherman, approved by Larry Carl</p> <p>Candidate Name Rep. Dave Loebsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6966094 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-re- quested by Judy Sherman, approved by Larry Carl</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee</p> <p>Mailing Address PO Box 1949</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 06/25/08</p> <p>Candidate Name Sen. Richard J. Durbin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6966095 Date of Disbursement 06 / 26 / 2008</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 06/25/08</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Camp For Congress</p> <p>Mailing Address PO Box 423</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 06/24/08</p> <p>Candidate Name David Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6966097 Date of Disbursement 06 / 26 / 2008</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 06/24/08</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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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 Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Committee for Restoring Confidence in Government <hr/> Mailing Address 499 South Capitol St. SW Suite 404 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Check sent to PAC-Jennifer Fisher co-hosted event 06/23/08 Candidate Name Committee for Restoring Confidence in Government <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 6966098 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Check sent to PAC-Jennifer Fisher co-hosted event 06-23/08
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) Common Sense Common Solutions PAC <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Check sent to PAC-approved by KFord Candidate Name Common Sense Common Solutions PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 6966099 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Check sent to PAC-approved by KFord
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) Ameripac <hr/> Mailing Address 499 South Capitol, SW Suite 414 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Check sent to PAC-approved by Frank McLaughlin and KFord Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 6966101 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Check sent to PAC-approved by Frank McLaughlin and KFord
	011 Category/ Type

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 Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Majority Initiative to Keep Electing Republicans Mailing Address PO Box 65796 City Washington State DC Zip Code 20035 Purpose of Disbursement Check sent to Campaign-approved by KFord Candidate Name	Transaction ID: 6966102 Date of Disbursement 06 / 26 / 2008 Amount of Each Disbursement this Period 5000.00 Check sent to Campaign-approved by KFord

B. Full Name (Last, First, Middle Initial) Friends Of Bill Posey Mailing Address 1824 South Fiske Boulevard City Rockledge State FL Zip Code 32955 Purpose of Disbursement Check sent to Mr. Rusty Payton-approved by KFord Candidate Name Mr. Bill Posey	Transaction ID: 6966103 Date of Disbursement 06 / 26 / 2008 Amount of Each Disbursement this Period 5000.00 Check sent to Mr. Rusty Payton-approved by KFord

C. Full Name (Last, First, Middle Initial) Turner For Congress Mailing Address 131 N. Ludlow Street Suite 317 City Dayton State OH Zip Code 45402 Purpose of Disbursement Check sent to Campaign-approved by KFord Candidate Name Rep. Michael R. Turner	Transaction ID: 6966105 Date of Disbursement 06 / 26 / 2008 Amount of Each Disbursement this Period 2500.00 Check sent to Campaign-approved by KFord

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

<p>A. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Check sent to Dr. Irving Lebovics-requested by JP for event 07/02/08</p> <p>Candidate Name Rep. Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6966107 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 4500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Irving Lebovics-requested by JP for event 07/02/08</p>
<p>B. Full Name (Last, First, Middle Initial) Kerry Committee</p> <p>Mailing Address 10 G St. NE Suite 710</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Void - Kerry Committee-Check never arrived at campaign due to incorrect address</p> <p>Candidate Name John Kerry</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6968239 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p> <p>Void - Kerry Committee-Check never arrived at campaign due to incorrect address</p>
<p>C. Full Name (Last, First, Middle Initial) Diana DeGette for Congress, Inc</p> <p>Mailing Address 770 Grant Street, #238</p> <p>City Denver State CO Zip Code 80203</p> <p>Purpose of Disbursement Check sent to Gary Cummins-approved by KFord</p> <p>Candidate Name Diana DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6968243 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>Check sent to Gary Cummins-approved by KFord</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 Association Political Action Committee

<p>A. 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 Check sent to Campaign-Frank Kyle attended event 06/26/08</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: 6968244 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Campaign-Frank Kyle attended event 06/26/08</p>
<p>B. Full Name (Last, First, Middle Initial) Cummings For Congress Campaign Committee</p> <p>Mailing Address PO Box 1631</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Void - Cummings For Congress Campaign Committee-Check never received by Frank McLaughlin</p> <p>Candidate Name Rep. Elijah E. Cummings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6968246 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>Category/ Type</p> <p>Void - Cummings For Congress Campaign Committee-Check never received by Frank McLaughlin</p>
<p>C. Full Name (Last, First, Middle Initial) Cummings For Congress Campaign Committee</p> <p>Mailing Address PO Box 1631</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Check sent to Frank McLaughlin-approved by KFord</p> <p>Candidate Name Rep. Elijah E. Cummings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6968247 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Frank McLaughlin-approved by KFord</p>

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 Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Check sent to Phil Latham-approved by KFord</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6968248 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Check sent to Phil Latham-approved by KFord</p>
<p>B. Full Name (Last, First, Middle Initial) Jeff Fortenberry for Congress</p> <p>Mailing Address 1620 N Street</p> <p>City Lincoln State NE Zip Code 68508</p> <p>Purpose of Disbursement Check picked up by campaign-approved by KFord and Dr. Ed Vigna</p> <p>Candidate Name Jeffrey Fortenberry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6968249 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check picked up by campaign-approved by KFord and Dr. Ed Vigna</p>
<p>C. Full Name (Last, First, Middle Initial) Musgrove For U S Senate</p> <p>Mailing Address PO Box 24477 1076 Highland Colony Parkway</p> <p>City Jackson State MS Zip Code 39225</p> <p>Purpose of Disbursement Check sent to Connie Lane-approved by KFord</p> <p>Candidate Name David Musgrove</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6968250 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Connie Lane-approved by KFord</p>

SUBTOTAL of Disbursements This Page (optional) ►

9000.00

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Texans For Lamar Smith</p> <p>Mailing Address PO Box 6155</p> <p>City San Antonio State TX Zip Code 78209</p> <p>Purpose of Disbursement Check sent to Dr. Warren Branch-approved by KFord</p> <p>Candidate Name Rep. Lamar S. Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6968252</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Warren Branch-approved by KFord</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bishop For Congress</p> <p>Mailing Address PO Box 909</p> <p>City Columbus State GA Zip Code 31902</p> <p>Purpose of Disbursement Check sent to Dr. Ed Green-approved by KFord and requested by Dr. Richard Weinman</p> <p>Candidate Name Sanford Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA 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: 6968253</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Ed Green-approved by KFord and requested by Dr. Richard Weinman</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bishop For Congress</p> <p>Mailing Address PO Box 909</p> <p>City Columbus State GA Zip Code 31902</p> <p>Purpose of Disbursement Check sent to Dr. Ed Green-approved by KFord and Dr. Richard Weinman</p> <p>Candidate Name Sanford Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6968254</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Ed Green-approved by KFord and Dr. Richard Weinman</p>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

A.	Full Name (Last, First, Middle Initial) Matsui For Congress	Transaction ID: 6968255 Date of Disbursement 06 / 30 / 2008
	Mailing Address PO Box 1738	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95812	
	Purpose of Disbursement Check sent to Campaign-Judy Sherman attended event 06/10/08	011 Category/ Type
	Candidate Name Rep. Doris Matsui	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign-Judy Sherman attended event 06/10/08

B.	Full Name (Last, First, Middle Initial) Kerry Committee	Transaction ID: 6968256 Date of Disbursement 06 / 30 / 2008
	Mailing Address 10 G St. NE Suite 710	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Check sent to Campaign-requested by Bob Alconada, approved by KFord	011 Category/ Type
	Candidate Name John Kerry	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Campaign-requested by Bob Alconada, approved by KFord

C.	Full Name (Last, First, Middle Initial) Wolverine PAC	Transaction ID: 6968257 Date of Disbursement 06 / 30 / 2008
	Mailing Address 607 14th St. NW Suite 800	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Check sent to Kris Nicholoff-approved by KFord	011 Category/ Type
	Candidate Name Wolverine PAC	
	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) ▼
		Check sent to Kris Nicholoff-approved by KFord

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

A. Full Name (Last, First, Middle Initial) Our Congress PAC <hr/> Mailing Address PO Box 344 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement Check sent to Dr. Fred Tucker McDonald Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6968258 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 4000.00
	Check sent to Dr. Fred Tucker McDonald
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Thornberry For Congress Comm. <hr/> Mailing Address 2457 Rayburn House Office Building <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Check sent to Campaign-Frank Kyle attended event 0617/08 Candidate Name Mac Thornberry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 13 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6968259 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Check sent to Campaign-Frank Kyle attended event 0617/08
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	239100.00

**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 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

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: 6971433

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

407.38

SUBTOTAL of Disbursements This Page (optional)

407.38

TOTAL This Period (last page this line number only)

407.38