

**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 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 |
| | Amount of Each Disbursement this Period 2000.00 <hr/> Check sent to PAC-Jennifer Fisher co-hosted event 06-23/08 |

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|---|---|
| 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 |
| | Amount of Each Disbursement this Period 1000.00 <hr/> Check sent to PAC-approved by KFord |

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| 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 |
| | Amount of Each Disbursement this Period 2500.00 <hr/> Check sent to PAC-approved by Frank McLaughlin and KFord |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |