

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Dental Association Political Action Committee

ADDRESS (number and street) 1111 14th Street, NW Suite 1100 Washington DC 20005-5627 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2018 through 03 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ortego, L Stephen, , Dr., Type or Print Name of Treasurer

Signature of Treasurer Ortego, L Stephen, , Dr., [Electronically Filed] Date 04 / 25 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**American Dental Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="754150.21"/>	<input type="text" value="754150.21"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="858242.89"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="88819.69"/>	<input type="text" value="431556.89"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="947062.58"/>	<input type="text" value="1185707.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="132600.08"/>	<input type="text" value="371244.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="814462.50"/>	<input type="text" value="814462.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Dental Association Political Action Committee**

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

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).....	17244.88	33254.49
(ii) Unitemized .....	71538.73	398205.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	88783.61	431460.05
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	88783.61	431460.05
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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.).....	36.08	96.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	88819.69	431556.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	88819.69	431556.89

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	190.08	954.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	190.08	954.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	131160.00	368060.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	250.00	1230.00
(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)).....	250.00	1230.00
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	132600.08	371244.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132600.08	371244.60

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	88783.61	431460.05
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	1230.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	88533.61	430230.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	190.08	954.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	190.08	954.60

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

This report has been amended in response to a RFAI regarding earmarked contributions totaling \$2100 which had no corresponding receipt entries. The prior report showed duplicate disbursements which were posted in error and therefore had no corresponding receipt. These errors have now been corrected on the amendment.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Ackerman, Gary, R, Dr.,**

Mailing Address 400 Estates Dr

City Sacramento	State CA	Zip Code 95864-6046
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2018

**Transaction ID : AD209A9A3064448B28C8**

Amount of Each Receipt this Period  
100.00

Memo Item  
ERMK: Van Drew for Congress

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Allison, William, Hodgkin, Dr.,**

Mailing Address 8367 Lees Ridge Rd

City Warrenton	State VA	Zip Code 20186-8725
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

**Transaction ID : A7CB2422336904955856**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Andolina, Richard, F, Dr., Sr.**

Mailing Address PO Box 16,

City Arkport	State NY	Zip Code 14807-0016
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Dentist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2018

**Transaction ID : AB5B70622CCCC41DDA97**

Amount of Each Receipt this Period  
500.00

Memo Item  
ERMK: Van Drew for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Austin, Gordon, Trent, Dr., DMD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 N Lakeshore Dr  
 City Carrollton State GA Zip Code 30117-1815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 28 / 2018  
**Transaction ID : AFB6C6BC0B03045BAB9C**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Berman, Scott, C, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7420 Old Maple Sq  
 City Mc Lean State VA Zip Code 22102-2817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2018  
**Transaction ID : A64BF827B56EB4B6A9E8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Bird, Gerald, William, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1983 ROCKLEDGE DRIVE  
 City ROCKLEDGE State FL Zip Code 32955-4916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Oral Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 20 / 2018  
**Transaction ID : A3965DED8B1154AFD992**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 ERMK: Van Drew for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bird, Jerilyn, R., Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1983 Rockledge Dr

City Rockledge	State FL	Zip Code 32955-4916
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Drs. Bird & Johnson Oral Surgery	Occupation (for Individual) Practice Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

**Transaction ID : A542086B037EC4A6F8A3**

Amount of Each Receipt this Period  
500.00

Memo Item  
ERMK: Van Drew for Congress

**B. Bishop, Deborah, S, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Buck Island Pt  
Ste 7-C

City Guntersville	State AL	Zip Code 35976-8416
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

**Transaction ID : A6F866DC4AC844B6888C**

Amount of Each Receipt this Period  
66.67

Memo Item

**C. Burrill, Courtney, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17101 Snowmobile Ln

City Eagle River	State AK	Zip Code 99577-7043
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

**Transaction ID : A3FB5CB4445024695B0F**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1566.67
<b>TOTAL</b> 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: (check only one)	PAGE 10 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Butler, Robert, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10014 Canterbury Farms Ct

City Saint Louis	State MO	Zip Code 63128-3278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2018

**Transaction ID : A2E5ED335334543C5948**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Van Drew for Congress

**B. Corry, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 990 Rahway avenue

City Union	State NJ	Zip Code 07083
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Oral Surgeon
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

**Transaction ID : A535A03B91FEA4C07A60**

Amount of Each Receipt this Period  
1000.00

Memo Item  
ERMK: Van Drew for Congress

**c. Crawford, Carrington, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Mill Lane Rd

City Lynchburg	State VA	Zip Code 24503-1706
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

**Transaction ID : A4BEF4C67B0224B51B46**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Di Vincenzo, Giorgio, Thomas, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Intrepid Place

City Jersey City	State NJ	Zip Code 07305-5489
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2018

**Transaction ID : AEC61A65819494EF49AA**

Amount of Each Receipt this Period  
66.67

Memo Item

**B. Garrison, C, Mac, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 670 Wyndham Woods Cir

City Harrisonburg	State VA	Zip Code 22801-1668
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

**Transaction ID : A9266B1B20D6440758BE**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Giannetti, Kelly, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 B St

City Davis	State CA	Zip Code 95616-2006
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2018

**Transaction ID : A0C2D43254FC748C6907**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	401.67
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Harrington, Jean, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 645 W Thomas St

City Milledgeville	State GA	Zip Code 31061-2337
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Dentist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

**Transaction ID : A55C0F9B356CD4953805**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Van Drew for Congress

**B. Harrison, Thomas, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 726 Cascet Court

City Katy	State TX	Zip Code 77450-2003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) general dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2018

**Transaction ID : A9A79695B29C04C48B3B**

Amount of Each Receipt this Period  
1000.00

Memo Item  
ERMK: Van Drew for Congress

**C. Heinrich-Null, Lisa, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 Champions Row # 6701N

City Victoria	State TX	Zip Code 77904-3317
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

**Transaction ID : AD660E34DB304402F915**

Amount of Each Receipt this Period  
66.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1316.67
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Holbert, Michael, B, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5210 New Kent Rd

City Richmond	State VA	Zip Code 23225-3030
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

**Transaction ID : A484756AA1BF947909D7**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Hutchison, Bruce, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14245-P Centreville Square

City Centreville	State VA	Zip Code 20121-2368
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Hutchison & Gorman, PLLC	Occupation (for Individual) Dentist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2018

**Transaction ID : A0A5AA14952154607925**

Amount of Each Receipt this Period  
1000.00

Memo Item  
ERMK: Van Drew for Congress

**C. Jonke, Guenter, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Abbey Ln

City Setauket	State NY	Zip Code 11733-1939
------------------	-------------	------------------------

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

Name of Employer (for Individual) self- employed	Occupation (for Individual) Dentist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2018

**Transaction ID : A7F6710FD712F4F51922**

Amount of Each Receipt this Period  
76.92

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1326.92
<b>TOTAL</b> 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: (check only one)	PAGE 14 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Lepak-McSorley, Lynn, M, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address S95W13395 St Andrews Dr  
 City Muskego State WI Zip Code 53150-4817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2018  
**Transaction ID : A4FEAF7A22F2349EEA0D**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Logan, David, G, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2375 Jordan Ave Ste 4  
 City Juneau State AK Zip Code 99801-6931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2018  
**Transaction ID : ACAF83CA2AB11440FA6F**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. McGinty, Charles, C, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5059 McClelland Blvd.  
 City Joplin State MO Zip Code 64804-4884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 21 / 2018  
**Transaction ID : ADFB014F8EA9F47538B1**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 ERMK: Van Drew for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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: (check only one)	PAGE 15 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Miller, Benita, Atiyeh, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4102 Dover Rd

City Richmond	State VA	Zip Code 23221-3216
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

**Transaction ID : ADCF349480F144476957**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Miller, Michael, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8503 Patterson Ave  
Ste A

City Richmond	State VA	Zip Code 23229-6442
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

**Transaction ID : A1B65C7BAA1954EB6963**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Neary, Matthew, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Madison Ave  
Fl 22

City New York	State NY	Zip Code 10022-5609
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Dentist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2018

**Transaction ID : A53C544C135BB48E8B2B**

Amount of Each Receipt this Period  
500.00

Memo Item  
ERMK: Van Drew for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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: (check only one)	PAGE 16 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Norbo, Justin, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35389 Paxson Rd

City Round Hill	State VA	Zip Code 20141-2543
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Dentist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

**Transaction ID : A037CE868A5E448A7A0B**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Norbo, Kirk, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 355

City Waterford	State VA	Zip Code 20197-0355
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

**Transaction ID : ABD6B9A0241DB4735B43**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Norbo, Randy, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2959 HEMBACK LANE, SW

City Roanoke	State VA	Zip Code 24014
-----------------	-------------	-------------------

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

Name of Employer (for Individual) self- employed	Occupation (for Individual) Dentist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

**Transaction ID : A910963D053E34C9A974**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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: (check only one)	PAGE 17 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Oyster, Gary, Donald, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 189

City Franklinton	State NC	Zip Code 27525-0189
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Dentist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : AD2076DED1F7D43CA82**

Amount of Each Receipt this Period  
500.00

Memo Item  
ERMK: Van Drew for Congress

**B. Peppard, Richard, Mark, Dr., DDS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Boot HI

City Horseshoe Bay	State TX	Zip Code 78657-5732
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2018

**Transaction ID : A4CA1DBB66C774CDAB78**

Amount of Each Receipt this Period  
66.67

Memo Item

**C. Peskin, Robert, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 490 Berry Hill Rd

City Syosset	State NY	Zip Code 11791-1103
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2018

**Transaction ID : A315B58C0C2A34DFD840**

Amount of Each Receipt this Period  
66.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	633.34
<b>TOTAL</b> 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: (check only one)	PAGE 18 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Shenkin, Jonathan, David, Dr., DDS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Balsam Lane

City Freeport	State ME	Zip Code 04032-6023
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Dentist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

**Transaction ID : A2C179BF771464815890**

Amount of Each Receipt this Period  
1000.00

Memo Item  
ERMK: Van Drew for Congress

**B. Sherwin, Ted, Ted, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 462 N. Madison Road  
111D Spicers Mill Rd

City Orange	State VA	Zip Code 22960-1095
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2018

**Transaction ID : AAAD2AA41616A4BDD87F**

Amount of Each Receipt this Period  
66.67

Memo Item

**C. Swanson, Kimberly, S, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2765 Via Cipriani  
Unit 1214A

City Clearwater	State FL	Zip Code 33764-3943
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

**Transaction ID : A3A94FCBD5A54468C828**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1316.67
<b>TOTAL</b> 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: (check only one)	PAGE 19 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tampio, Chris, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 N Quaker lane

City Alexandria	State VA	Zip Code 22302-3416
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ADA	Occupation (for Individual) Lobbyist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2018

**Transaction ID : AEA68FE79A9BF469F8A4**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Thakkar, Nipa, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 N Broad St  
Apt 3

City Philadelphia	State PA	Zip Code 19107-1540
----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2018

**Transaction ID : A5B9BA86403D14D2E987**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Torchia, Bootsey, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6565 S Yale Ave  
Ste 510

City Tulsa	State OK	Zip Code 74136-8306
---------------	-------------	------------------------

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

Name of Employer (for Individual) James Torchia, DDS, Inc.	Occupation (for Individual) Office Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2018

**Transaction ID : A219A3841ED4E4992B06**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	583.33
<b>TOTAL</b> 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: (check only one)	PAGE 20 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Torchia, James, S, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8736 S Florence Ave

City Tulsa	State OK	Zip Code 74137-2543
---------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2018

**Transaction ID : A44C378CABC47406ABB6**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Ulicny, Thomas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 Haven Avenue  
Apartment 53

City New York	State NY	Zip Code 10032
------------------	-------------	-------------------

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

Name of Employer (for Individual) Columbia University College of Dental	Occupation (for Individual) Student
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2018

**Transaction ID : A864C095D15F94211877**

Amount of Each Receipt this Period  
10.00

Memo Item  
ERMK: Van Drew for Congress

**C. Vaughan, Dennis, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8199 Sawgrass Way

City Radford	State VA	Zip Code 24141-7009
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

**Transaction ID : A3266E706F2254C1DAF0**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	760.00
<b>TOTAL</b> 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: (check only one)	PAGE 21 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Velazquez, Elisa, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 Rumson Rd  
suite 305

City Rumson	State NJ	Zip Code 07760-1208
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2018

**Transaction ID : A689FAAB61FED4BE783C**

Amount of Each Receipt this Period  
1000.00

Memo Item  
ERMK: Van Drew for Congress

**B. Vigna, Edward, John, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21589 Cloverleaf

City Nemo	State SD	Zip Code 57759-7500
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
568.83

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2018

**Transaction ID : AF2B9897D41AD4BA6A17**

Amount of Each Receipt this Period  
189.61

Memo Item

**C. Vora, Amit, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 98 James St  
Suite 310

City Edison	State NJ	Zip Code 08820
----------------	-------------	-------------------

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

Name of Employer (for Individual) Edison Periodontics & Implantology	Occupation (for Individual) Periodontist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2018

**Transaction ID : AC3E6F178BB294D4AA0A**

Amount of Each Receipt this Period  
500.00

Memo Item  
ERMK: Van Drew for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1689.61
<b>TOTAL</b> 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 22 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Ward, Sharone, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4701 Bruce Rd

City Chester	State VA	Zip Code 23831-4214
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		09		2018

**Transaction ID : AD4CC36FA2F5E4E88AB0**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Watson, David, F, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 S Round Pond Rd

City Greenville	State SC	Zip Code 29607-3719
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Dentist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		14		2018

**Transaction ID : A4098A14E90E14D7888A**

Amount of Each Receipt this Period  
250.00

Memo Item  
ERMK: Van Drew for Congress

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	17244.88

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Citibank 1**

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement  
service charges

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	8

FEC Identification Number

**C** [ ]  
**Transaction ID : BFAC074EA6**  
Amount of Each Disbursement this Period  
[ ] 22.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citibank 1**

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement  
credit card fees

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	8

FEC Identification Number

**C** [ ]  
**Transaction ID : BF9F91C01C**  
Amount of Each Disbursement this Period  
[ ] 167.58

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C** [ ]  
Amount of Each Disbursement this Period  
[ ]

Memo Item

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

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

									190.08
									190.08

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. 102New Millennium PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018
Mailing Address PO Box 32248		FEC Identification Number C00349233 <b>Transaction ID : B556D4414A</b> Amount of Each Disbursement this Period 2500.00
City Newark	State NJ	Zip Code 07102-0648
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>102New Millennium PAC</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Adrian Smith for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018
Mailing Address 3321 Avenue 1 Ste 6		FEC Identification Number C00412890 <b>Transaction ID : BF9D65C5CB</b> Amount of Each Disbursement this Period 2500.00
City Scottsbluff	State NE	Zip Code 69361
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>Smith, Adrian, M., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input type="checkbox"/>
State: NE District: 03	Other	

Full Name (Last, First, Middle Initial) <b>C. Alamo PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address 919 Congress Avenue Suite 1400		FEC Identification Number C00387464 <b>Transaction ID : BDD0383BF1</b> Amount of Each Disbursement this Period 5000.00
City Austin	State TX	Zip Code 78701-2114
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>Alamo PAC</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Andy Harris For Congress**

Mailing Address PO Box 604

City: Bel Air  
State: MD  
Zip Code: 21014

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Harris, Andy, P., Rep.,**

Office Sought:  House  
 Senate  
 President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: MD District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2018

FEC Identification Number

**C** C00435974  
**Transaction ID : B14CF0E6EC**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BIG SKY OPPORTUNITY PAC**

Mailing Address PO BOX 1618

City: Helena  
State: MT  
Zip Code: 59624-1618

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**BIG SKY OPPORTUNITY PAC**

Office Sought:  House  
 Senate  
 President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)  
State: District: Other

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2018

FEC Identification Number

**C** C00542027  
**Transaction ID : B028092FC97**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City: Portland  
State: OR  
Zip Code: 97232

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Blumenauer, Earl, , Rep.,**

Office Sought:  House  
 Senate  
 President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: OR District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2018

FEC Identification Number

**C** C00307314  
**Transaction ID : B1524E9AF7**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

8000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. Bonnie Watson Coleman For Congress**

Mailing Address 180 Upland Avenue

City Ewing State NJ Zip Code 08638

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Watson Coleman, Bonnie, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NJ District: 12

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2018

FEC Identification Number

C C00558437  
**Transaction ID : B033D0B324/**  
Amount of Each Disbursement this Period  
3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bonnie Watson Coleman For Congress**

Mailing Address 180 Upland Avenue

City Ewing State NJ Zip Code 08638

Purpose of Disbursement  
VOID - Contribution for Federal Candidate

Candidate Name  
**Watson Coleman, Bonnie, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NJ District: 12

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C C00558437  
**Transaction ID : BF3324DF12/**  
Amount of Each Disbursement this Period  
- 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bonnie Watson Coleman For Congress**

Mailing Address 180 Upland Avenue

City Ewing State NJ Zip Code 08638

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Watson Coleman, Bonnie, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NJ District: 12

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C C00558437  
**Transaction ID : B3BEDCBA6**  
Amount of Each Disbursement this Period  
3000.00

Memo Item

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

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

3000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. CARLOS CURBELO CONGRESS**

Mailing Address 8724 SW 72ND STREET

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Curbelo, Carlos, L., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 26

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2018

FEC Identification Number

**C** C00546846

**Transaction ID : BD77FBBFE**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chuck Fleischmann For Congress Committee, Inc.**

Mailing Address P.O. Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Fleischmann, Chuck, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: TN District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2018

FEC Identification Number

**C** C00461822

**Transaction ID : B1EB802546C**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Nunes, Devin, G., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2018

FEC Identification Number

**C** C00370056

**Transaction ID : BC4EF6A23E**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. Elise For Congress**

Mailing Address PO Box 338

City Willsboro State NY Zip Code 12996

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Stefanik, Elise, M., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 21

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2018

FEC Identification Number

**C** C00547893

**Transaction ID : B3146C3603E**  
Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Eye of the Tiger PAC**

Mailing Address 3100 Ridgelake - Suite 301

City Metairie State LA Zip Code 70002

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Eye of the Tiger PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) Other

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2018

FEC Identification Number

**C** C00467431

**Transaction ID : B9E1E50CA9**  
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FASO FOR CONGRESS**

Mailing Address PO BOX 448

City KINDERHOOK State NY Zip Code 12106

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Faso, John, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2018

FEC Identification Number

**C** C00580415

**Transaction ID : BBE4CA0D9**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Feinstein, Dianne, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2018

FEC Identification Number

**C** C00539890

**Transaction ID : B0CBF23B0A**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends For Chris Stewart, Inc.**

Mailing Address 10 West Broadway, Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Stewart, Chris, D., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: UT District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2018

FEC Identification Number

**C** C00506931

**Transaction ID : BB82C17AEA**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends For Chris Stewart, Inc.**

Mailing Address 10 West Broadway, Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Stewart, Chris, D., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: UT District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

**C** C00506931

**Transaction ID : BDB7DF1192**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends For Chris Stewart, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address 10 West Broadway, Suite 500

FEC Identification Number

C	C00506931
<b>Transaction ID : BD2EAF70EF</b>	
Amount of Each Disbursement this Period	
	- 2500.00

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
VOID - Contribution for Federal Candidate

Candidate Name  
**Stewart, Chris, D., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: UT District: 02

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Erik Paulsen**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2018

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

FEC Identification Number

C	C00439661
<b>Transaction ID : B3CE5A6A92</b>	
Amount of Each Disbursement this Period	
	2500.00

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Paulsen, Erik, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MN District: 03

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Rosa DeLauro**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2018

Mailing Address 129 Church St, Ste 818

FEC Identification Number

C	C00238865
<b>Transaction ID : B8445C32EC</b>	
Amount of Each Disbursement this Period	
	1000.00

City New Haven State CT Zip Code 06510-2005

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**DeLauro, Rosa, L., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CT District: 03

Memo Item

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

1000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Susan Brooks**

Mailing Address 9425 N Meridian Street  
# 237

City Indianapolis State IN Zip Code 46260-1308

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Brooks, Susan, W., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2018

FEC Identification Number

**C** C00500207  
**Transaction ID : B94FB65651/**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fund for America's Future**

Mailing Address PO Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Fund for America's Future**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2018

FEC Identification Number

**C** C00388934  
**Transaction ID : BC65E3F8D0/**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fund for the Majority**

Mailing Address 600 Pennsylvania Avenue, SE  
Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2018

FEC Identification Number

**C**  
**Transaction ID : B052FF18D5**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

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

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

12500.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. Garret Graves For Congress**

Mailing Address PO Box 64845

City Baton Rouge State LA Zip Code 70896

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Graves, Garret, N., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: LA District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2018

FEC Identification Number

C C00558486  
**Transaction ID : BBAE3EC5:**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Holding, George, E.B., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2018

FEC Identification Number

C C00499236  
**Transaction ID : BEE94BBCB/**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GREG FOR MONTANA**

Mailing Address PO BOX 877

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Gianforte, Greg, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MT District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2018

FEC Identification Number

C C00631945  
**Transaction ID : BEDB2BB4B**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. GREG PENCE FOR CONGRESS**

Mailing Address PO BOX 218

City SHELBYVILLE State IN Zip Code 46176

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Pence, Gregory, J, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IN District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2018

FEC Identification Number

**C** C00658401

**Transaction ID : B76BFDAF52**  
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Guthrie For Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Guthrie, Brett, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2018

FEC Identification Number

**C** C00445023

**Transaction ID : BDD3804904**  
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Heartland Values PAC**

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101-0505

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Heartland Values PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: District: Other

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2018

FEC Identification Number

**C** C00409003

**Transaction ID : BBD7227533**  
Amount of Each Disbursement this Period

3000.00

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. KATKO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address 5407 ANVIL DRIVE		FEC Identification Number C00556365 <b>Transaction ID : B6862D3BFF</b>
City CAMILLUS	State NY	Zip Code 13031-8646
Purpose of Disbursement Contribution for Federal Candidate		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Katko, John, M., Rep.,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 24	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. KEVIN ROBERTS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address 6810 CYPRESS CREEK PKWY		FEC Identification Number C00660118 <b>Transaction ID : B8B80641CFI</b>
City HOUSTON	State TX	Zip Code 77069
Purpose of Disbursement Contribution for Federal Candidate		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Roberts, Kevin, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Lamborn for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018
Mailing Address 5170 N. Union Blvd., #201		FEC Identification Number C00420745 <b>Transaction ID : B2128526B7:</b>
City Colorado Springs	State CO	Zip Code 80918
Purpose of Disbursement Contribution for Federal Candidate		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Lamborn, Doug, L., Rep.,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District: 05	<input type="checkbox"/> Memo Item

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

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

6000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Langevin For Congress**

Full Name (Last, First, Middle Initial)  
Langevin, Jim, R., Rep.,

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886-1296

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
Langevin, Jim, R., Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: RI District: 02

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: C00344697  
Transaction ID : B0ABE56BB  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Lucille Roybal-Allard For Congress**

Full Name (Last, First, Middle Initial)  
Lucille Roybal-Allard, Rep.,

Mailing Address 6 E Street, Se

City Washington State DC Zip Code 20003-2611

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
Roybal-Allard, Lucille, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 40

Date of Disbursement: 03 / 20 / 2018

FEC Identification Number: C00259143  
Transaction ID : B6E3564DDE  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**C. McCaskill for Missouri**

Full Name (Last, First, Middle Initial)  
McCaskill, Claire, , Sen.,

Mailing Address PO Box 6771

City St Louis State MO Zip Code 63144

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
McCaskill, Claire, , Sen.,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 28 / 2018

FEC Identification Number: C00431304  
Transaction ID : BA24264E4E  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3500.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. MIKE GALLAGHER FOR WISCONSIN**

Mailing Address PO BOX 1027

City GREEN BAY State WI Zip Code 54305

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Gallagher, Michael, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WI District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C C00610212  
**Transaction ID : BC135137B1!**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Thompson, Mike, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2018

FEC Identification Number

C C00326363  
**Transaction ID : BAB381BEBE**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NEW ENERGY PAC**

Mailing Address P.O. BOX 2998

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**NEW ENERGY PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: District: Other

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2018

FEC Identification Number

C C00566059  
**Transaction ID : BDB1BEF83:**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

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

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

4000.00

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Perlmutter for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address 3440 Youngfield St #264		FEC Identification Number C C00410639 <b>Transaction ID : BB2EF03693I</b> Amount of Each Disbursement this Period 2500.00
City Wheat Ridge	State CO	Zip Code 80033-5245
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>Perlmutter, Ed, G., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Prosperity Action</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018
Mailing Address 1006 Pendelton St.		FEC Identification Number C C00377689 <b>Transaction ID : B500DB731B</b> Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314-1837
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>Prosperity Action</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. PURPOSE PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C C00497131 <b>Transaction ID : B6C512F6B5</b> Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>PURPOSE PAC</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. REBUILDING AMERICAS TRUST PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number C 000569558 <b>Transaction ID : B2A2DBA0A</b> Amount of Each Disbursement this Period 2500.00
City Athens	State GA	Zip Code 30605-1332
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>REBUILDING AMERICAS TRUST PAC</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Richard E. Neal For Congress Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address 76 Magnolia Terrace		FEC Identification Number C H8MA02041 <b>Transaction ID : BB65D4F68A</b> Amount of Each Disbursement this Period 2000.00
City Springfield	State MA	Zip Code 01108
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>Neal, Richard, E., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 01	Other	

Full Name (Last, First, Middle Initial) <b>C. ROSKAM PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address 1006 Pendleton St.		FEC Identification Number C <b>Transaction ID : B32435AFA4</b> Amount of Each Disbursement this Period 2500.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. SHORE PAC**

Mailing Address PO Box 3157  
495 Broadway

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**SHORE PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2018

FEC Identification Number

C C00410308  
**Transaction ID : BBB7325D9F**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sires for Congress**

Mailing Address 6050 Blvd East, Apt 6-B

City West New York State NJ Zip Code 07093

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Sires, Albio, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2018

FEC Identification Number

C C00410753  
**Transaction ID : B4DB377B33**  
Amount of Each Disbursement this Period  
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Steve Chabot For Congress**

Mailing Address 3030 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Chabot, Steve, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: OH District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2018

FEC Identification Number

C C00301838  
**Transaction ID : BBB74EDA1**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

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

9000.00

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

Use separate schedule(s) 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. STEVE FERRARA FOR CONGRESS**

Mailing Address PO BOX 97130

City PHOENIX State AZ Zip Code 85060

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Ferrara, Steve, , MD**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2018

FEC Identification Number

**C** C00640268

**Transaction ID : BC6F1D78CA**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STEVE PAC (Support to Ensure Victory Eve)**

Mailing Address 4679 Winterset drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**STEVE PAC (Support to Ensure Victory Eve)**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) Other  
State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2018

FEC Identification Number

**C** C00501478

**Transaction ID : BD80D6926F/**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Strategy PAC**

Mailing Address 219 East Washington Avenue, Suite

City Oshkosh State WI Zip Code 54901-5005

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name  
**Strategy PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) Other  
State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2018

FEC Identification Number

**C** C00497842

**Transaction ID : B4B3E3BAF:**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00



**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C00661868 <b>Transaction ID : B0629DC1BA</b>
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Thomas Ulicny		Amount of Each Disbursement this Period 10.00
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		Memo Item <input type="checkbox"/> <b>ERMK: Thomas Ulicny. transmitted by check/EFT</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>OTHER</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C00661868 <b>Transaction ID : BDA5C114BF</b>
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Richard Andolina		Amount of Each Disbursement this Period 500.00
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		Memo Item <input type="checkbox"/> <b>ERMK: Richard Andolina. transmitted by check/EFT</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>OTHER</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C00661868 <b>Transaction ID : B57B5F6C09</b>
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Thomas Harrison		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		Memo Item <input type="checkbox"/> <b>ERMK: Thomas Harrison. transmitted by check/EFT</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>OTHER</b>	
State: District:		

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

1510.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C C00661868 <b>Transaction ID : BFB87BE127</b>
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Gary Ackerman. DDS		Amount of Each Disbursement this Period 100.00
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		Memo Item <input type="checkbox"/> transmitted by check/EFT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C C00661868 <b>Transaction ID : B3934857DBI</b>
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Jonathan Shenkin		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		Memo Item <input type="checkbox"/> transmitted by check/EFT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C C00661868 <b>Transaction ID : B4517E4EA6</b>
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Charles McGinty		Amount of Each Disbursement this Period 300.00
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		Memo Item <input type="checkbox"/> transmitted by check/EFT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	
State: District:		

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

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

1400.00

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Van Drew for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 22 / 2018	
Mailing Address P.O. Box 671		FEC Identification Number C C00661868 <b>Transaction ID : B21BB2B1A1</b> Amount of Each Disbursement this Period 500.00	
City Cape May Court House	State NJ	Zip Code 08210-0671	Category/ Type
Purpose of Disbursement ERMK: Matthew Neary		Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) <b>B. Van Drew for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 19 / 2018	
Mailing Address P.O. Box 671		FEC Identification Number C C00661868 <b>Transaction ID : B6B1B2A138:</b> Amount of Each Disbursement this Period 1000.00	
City Cape May Court House	State NJ	Zip Code 08210-0671	Category/ Type
Purpose of Disbursement ERMK: Bruce Hutchison		Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) <b>C. Van Drew for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 19 / 2018	
Mailing Address P.O. Box 671		FEC Identification Number C C00661868 <b>Transaction ID : BBF266DAC:</b> Amount of Each Disbursement this Period 250.00	
City Cape May Court House	State NJ	Zip Code 08210-0671	Category/ Type
Purpose of Disbursement ERMK: Robert Butler		Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		1750.00	
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C00661868 <b>Transaction ID : BFF2491C87!</b> Amount of Each Disbursement this Period 500.00
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Amit Vora		Category/ Type
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	<input type="checkbox"/> Memo Item ERMK: Amit Vora. transmitted by check/EFT
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C00661868 <b>Transaction ID : BCF22883B0!</b> Amount of Each Disbursement this Period 1000.00
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Elisa Velazquez		Category/ Type
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	<input type="checkbox"/> Memo Item ERMK: Elisa Velazquez. transmitted by check/EFT
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C00661868 <b>Transaction ID : BE56EA8B7!</b> Amount of Each Disbursement this Period 1000.00
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Gerald Bird		Category/ Type
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	<input type="checkbox"/> Memo Item ERMK: Gerald Bird. transmitted by check/EFT
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C00661868 <b>Transaction ID : B794E4673E4</b>
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: David Watson		Amount of Each Disbursement this Period 250.00
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		Memo Item <input type="checkbox"/> <b>ERMK: David Watson. transmitted by check/EFT</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>OTHER</b>	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C00661868 <b>Transaction ID : BE72536022C</b>
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Jean Harrington		Amount of Each Disbursement this Period 250.00
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		Memo Item <input type="checkbox"/> <b>ERMK: Jean Harrington. transmitted by check/EFT</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>OTHER</b>	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C00661868 <b>Transaction ID : B9F98EDD07</b>
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Matthew Neary		Amount of Each Disbursement this Period 500.00
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		Memo Item <input type="checkbox"/> <b>ERMK: Matthew Neary. transmitted by check/EFT</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>OTHER</b>	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Van Drew for Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2018
Mailing Address P.O. Box 671		FEC Identification Number C C00661868 <b>Transaction ID : B6908853AF</b> Amount of Each Disbursement this Period 500.00
City Cape May Court House	State NJ	Zip Code 08210-0671
Purpose of Disbursement ERMK: Jerilyn Bird		Category/ Type
Candidate Name <b>Van Drew, Jeff, , Sen.,</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	
State: District:	Memo Item <input type="checkbox"/> ERMK: Jerilyn Bird. transmitted by check/EFT	

Full Name (Last, First, Middle Initial) <b>B. Vern Buchanan For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address P. O. Box 48928		FEC Identification Number C C00412759 <b>Transaction ID : BD83BE71DD</b> Amount of Each Disbursement this Period 2000.00
City Sarasota	State FL	Zip Code 34230-5928
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>Buchanan, Vern, G., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 16	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. Walters For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address C/O 8001 Irvine Center Drive, #400		FEC Identification Number C C00546853 <b>Transaction ID : BF6E9797E3</b> Amount of Each Disbursement this Period 1000.00
City Irvine	State CA	Zip Code 92618
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name <b>Walters, Mimi, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 45	Memo Item <input type="checkbox"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. Welch For Congress

Mailing Address PO Box 1682

City  
Burlington

State  
VT

Zip Code  
05402-1682

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name

**Welch, Peter, F., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: VT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	8

FEC Identification Number

**C** C00413179

**Transaction ID : B6FA6C6F21.**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Young For Iowa, Inc.

Mailing Address PO Box 162

City  
Van Meter

State  
IA

Zip Code  
50261

Purpose of Disbursement  
Contribution for Federal Candidate

Candidate Name

**Young, David, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	8

FEC Identification Number

**C** C00545616

**Transaction ID : B583F3438B6**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

131160.00

**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)

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

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

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

**A. Paget, Mark, , Mr.,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
03 / 14 / 2018

Mailing Address: 6737 W Washington St Ste 2360

City: Milwaukee State: WI Zip Code: 53214-5648

Purpose of Disbursement: Refund

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C

Transaction ID : B3046B28897

Amount of Each Disbursement this Period: 250.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00



# 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)

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

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

Full Name (Last, First, Middle Initial)

### A. Paul Bussman

Mailing Address Room 729  
1625 Main Avenue, SW

City Cullman State AL Zip Code 35055

Purpose of Disbursement  
Contribution for State Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2018

FEC Identification Number

C

Transaction ID : B5968F8B62/  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

1000.00