

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER 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 Report, 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, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2007 through 09 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr Roger Triftshouser

Signature of Treasurer Electronically Filed by Dr Roger Triftshouser Date 02 01 2008

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

Office Use Only table with 7 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Dental Political Action Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		406004.72
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	405832.23									
(c) Total Receipts (from Line 19)	159415.99	953223.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	565248.22	1359227.94								
7. Total Disbursements (from Line 31)	64923.60	858903.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	500324.62	500324.62								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Dental Political Action Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	90950.00	123515.00
(i) Itemized (use Schedule A)	68162.00	632968.74
(ii) Unitemized	159112.00	756483.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	159112.00	756483.74
12. Transfers From Affiliated/Other Party Committees	160.00	194139.00
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	143.99	1600.48
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	159415.99	953223.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	159415.99	953223.22

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	673.60	2135.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	673.60	2135.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62250.00	853500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2000.00	3267.49
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	64923.60	858903.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64923.60	858903.32

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	159112.00	756483.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	159112.00	756483.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	673.60	2135.83
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	673.60	2135.83

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

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

FOR LINE NUMBER: PAGE 6 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr Raymond A Cohlma

Mailing Address 13000 Burnt Oak Rd

City State Zip Code
Oklahoma City OK 73120-8940

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2007

Transaction ID: 4133605

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Sherry Cohlma

Mailing Address c/o 6120 N. Drexel Blvd.

City State Zip Code
Oklahoma City OK 73112

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

Name of Employer Raymond Cohlma, DDS Occupation bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2007

Transaction ID: 4133606

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Richard Haught

Mailing Address 2528 E 66th Ct

City State Zip Code
Tulsa OK 74136-1232

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2007

Transaction ID: 4133608

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Steven W Hogg

Mailing Address 3014 S Aster Ave

City Broken Arrow State OK Zip Code 74012-9437

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2007

Transaction ID: 4133611

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr R Wayne Thompson

Mailing Address 10615 W 70th Ter

City Shawnee State KS Zip Code 66203-4123

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2007

Transaction ID: 4133612

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Jeffrey Langdon Parrish

Mailing Address 14120 W Snoqualmie Valley Rd NE

City Duvall State WA Zip Code 98019-9103

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 05 / 2007

Transaction ID: 4139583

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. JoAnn Parrish	Date of Receipt MM / DD / YYYY 09 / 05 / 2007
	Mailing Address 14120 W. Snoqualmie Valley Road, N	Transaction ID: 4139584
	City State Zip Code Duvall WA 98019-9103	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation homemaker	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr Pamela Z Baldassarre	Date of Receipt MM / DD / YYYY 09 / 05 / 2007
	Mailing Address 56 Oak Dr	Transaction ID: 4139585
	City State Zip Code Bedford NH 03110-6032	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation dentist	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Mrs Kathy Haught	Date of Receipt MM / DD / YYYY 09 / 05 / 2007
	Mailing Address 2528 E 66th Court S	Transaction ID: 4139601
	City State Zip Code Tulsa OK 74136-1232	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Wm. Richard Haught DDS, Inc Occupation office staff	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr Frank C. Grammer</p> <p>Mailing Address 359 E Fairway Ln</p> <p>City State Zip Code Fayetteville AR 72701-7159</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation dentist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 09 / 07 / 2007</p> <p>Transaction ID: 4139657</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr Krista Marie Jones</p> <p>Mailing Address 8150 Bald Eagle</p> <p>City State Zip Code Jones OK 73049-3476</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation dentist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 09 / 07 / 2007</p> <p>Transaction ID: 4139659</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr Gerald Gelfand</p> <p>Mailing Address 4455 La Barca Dr</p> <p>City State Zip Code Tarzana CA 91356-5042</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation dentist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 09 / 10 / 2007</p> <p>Transaction ID: 4146126</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 99
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr Brian O Coleman

Mailing Address 8527 Sand Lake Shores Dr

City State Zip Code
Orlando FL 32836-6342

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2007

Transaction ID: 4146228

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Patricia L Blanton

Mailing Address 4666 Fairfax Ave

City State Zip Code
Dallas TX 75209-6012

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2007

Transaction ID: 4147580

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Daniel Robert Menze

Mailing Address 1121 Timberline Rd

City State Zip Code
Moberly MO 65270-2928

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160782

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 99
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Kenneth Joe Weinand

Mailing Address 2309 S Arrowhead Ave

City Independence State MO Zip Code 64057-1951

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2007

Transaction ID: 4160783

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Scott Alan Roberson

Mailing Address 681 E Red Rd

City Independence State MO Zip Code 64055-1736

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2007

Transaction ID: 4160785

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr John D Hume

Mailing Address 1162 Hickory Ridge Dr

City Nixa State MO Zip Code 65714-9760

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2007

Transaction ID: 4160786

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 99
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Dr Charles L. Smith

Mailing Address 1501 7th Avenue

City Charleston State WV Zip Code 25312-2305

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 20 / 2007
Transaction ID: 4160787
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Venesa Smith

Mailing Address 1501 7th Ave

City Charleston State WV Zip Code 25312-2305

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

Name of Employer self-employed Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 20 / 2007
Transaction ID: 4160788
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr Robert E Butler

Mailing Address 10014 Canterbury Farms Ct

City Saint Louis State MO Zip Code 63128-3278

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 20 / 2007
Transaction ID: 4160792
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Mark R Züst

Mailing Address 14005 Eagle Manor Ct

City State Zip Code
Chesterfield MO 63017-2686

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160795

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Phyllis Züst

Mailing Address 36 Four Seasons Suite 300

City State Zip Code
Chesterfield MO 63376

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

Name of Employer Dr. Mark R. Züst Occupation business assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160796

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr David Miskel Eller

Mailing Address 2519 3rd Avenue

City State Zip Code
Huntington WV 25703-1614

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160799

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Thomas W Leslie

Mailing Address 4759 Cold Run Valley Rd

City State Zip Code
Berkeley Springs WV 25411-4634

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160811

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Toni Leslie

Mailing Address 345 Concord Avenue

City State Zip Code
Berkeley Springs WV 25411-1235

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

Name of Employer self-employed Occupation office manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160812

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Michael G Durbin

Mailing Address 408 Cherry Creek Ln

City State Zip Code
Prospect Hts IL 60070-1095

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160833

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Renee P Pappas

Mailing Address 408 Cherry Creek Ln

City Prospect Heights State IL Zip Code 60070-1095

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2007

Transaction ID: 4160834

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr Thomas E Sullivan

Mailing Address 9840 Dickens St

City Westchester State IL Zip Code 60154-3713

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2007

Transaction ID: 4160835

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr John P Fisher

Mailing Address 18 Hawthorne Blvd.

City Salem State MA Zip Code 01970-3710

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2007

Transaction ID: 4160836

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 99
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Dr Paula K Friedman

Mailing Address 170 Hyslop Rd

City State Zip Code
Brookline MA 02445-5704

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160841

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr Richard J Rosato

Mailing Address 29 Coventry Rd

City State Zip Code
Concord NH 03301-3027

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160853

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Laurie A Rosato

Mailing Address 29 Coventry Rd

City State Zip Code
Concord NH 03301-3027

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160854

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr John R Gagne

Mailing Address 1383 Litchfield Rd

City State Zip Code
Watertown CT 06795-1313

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160855

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr Mark Zajkowski

Mailing Address 29 Ocean View Rd

City State Zip Code
Cape Elizabeth ME 04107-1323

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160856

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Arthur F Eddy

Mailing Address 32 Holden Rd

City State Zip Code
Shirley MA 01464-2113

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160858

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 99
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Dr John Peter Nei

Mailing Address 9852 County Road 34 NW

City Alexandria State MN Zip Code 56308-9722

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: 4160861

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Barbara Nei

Mailing Address 9852 county Road 34 Northwest

City Alexandria State MN Zip Code 56308-9722

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

Name of Employer self-employed Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: 4160862

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Michael A Kurkowski

Mailing Address 5835 Saint Albans Ct

City Shoreview State MN Zip Code 55126-4754

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: 4160863

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 99

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr John V Reitz

Mailing Address 15 Hessian Blvd

City State Zip Code
Reading PA 19607-9714

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160864

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Carol Reitz

Mailing Address 15 Hessian Blvd

City State Zip Code
Reading PA 19607-9714

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

Name of Employer self-employed Occupation
homemaker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160865

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Joseph P Crowley

Mailing Address 4659 Farview Ln

City State Zip Code
Cincinnati OH 45247-6927

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160866

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 99
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Gary Donald Oyster		Date of Receipt
	Mailing Address Po Box 189		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2007
	City	State	Zip Code
	Franklinton	NC	27525-0189
	FEC ID number of contributing federal political committee. C		Transaction ID: 4160868
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Mrs. Sharon Oyster		Date of Receipt
	Mailing Address PO Box 189		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2007
	City	State	Zip Code
	Franklinton	NC	27525-0189
	FEC ID number of contributing federal political committee. C		Transaction ID: 4160869
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		homemaker	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr Francis A Connor, Jr		Date of Receipt
	Mailing Address 81 Wampanoag Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2007
	City	State	Zip Code
	North Kingstown	RI	02852-5746
	FEC ID number of contributing federal political committee. C		Transaction ID: 4160873
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Gus C Vlahos

Mailing Address PO Box 1379

City State Zip Code
Dublin VA 24084-1379

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160879

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Deborah Vlahos

Mailing Address P.O. Box 1379

City State Zip Code
Dublin VA 24084-1379

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

Name of Employer Dr. Vlahos Family Dentistry Occupation dental hygienist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160880

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Rex Brown Card

Mailing Address 1732 Chalk Rd

City State Zip Code
Wake Forest NC 27587-9160

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160881

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 99

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Kirk Norbo

Mailing Address PO Box 355

City State Zip Code
Waterford VA 20197-0355

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160882

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Dr Richard D Barnes

Mailing Address 1713 Todds Ln

City State Zip Code
Hampton VA 23666-3136

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160883

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr Larry J Ferguson

Mailing Address 1918 Ashley Hall Rd

City State Zip Code
Charleston SC 29407-9667

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160884

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 99

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Bruce R Hutchison

Mailing Address 5217 Glen Meadow Rd

City State Zip Code
Centreville VA 20120-1355

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	7

Transaction ID: 4160886

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Michael J Link

Mailing Address 4 Assembly Ct

City State Zip Code
Newport News VA 23606-2022

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	7

Transaction ID: 4160891

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr Roger E Wood

Mailing Address 10741 Cherokee Rd

City State Zip Code
Midlothian VA 23113-1310

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	7

Transaction ID: 4160892

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ►

1500.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Mckinley L Price

Mailing Address 938 Shore Dr

City State Zip Code
Newport News VA 23607-6435

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160893

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Edwin Smith Jewell

Mailing Address 218 Pine Grove Drive

City State Zip Code
Wilmington NC 28403-5160

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160896

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Wilson O Kelly Jewell

Mailing Address 5012 Crown Point Lane

City State Zip Code
Wilmington NC 28409-3298

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160897

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 99

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Ronald J Hunt

Mailing Address Apt 207-8
2601 Trotters Ln

City Midlothian State VA Zip Code 23113-1494

FEC ID number of contributing federal political committee. C

Name of Employer VCU School of Dentistry Occupation Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 20 / 2007

Transaction ID: 4160898

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Dr Alonzo M Bell

Mailing Address 1026 W Taylor Run Pkwy

City Alexandria State VA Zip Code 22302-3912

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2007

Transaction ID: 4160899

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr Nona I Breeland

Mailing Address 1506 E. Franklin Street
Suite 204

City Chapel Hill State NC Zip Code 27514-2825

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2007

Transaction ID: 4160900

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 99

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Mark A Crabtree

Mailing Address 1100 Mulberry Rd

City State Zip Code
Martinsville VA 24112-5220

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160901

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Rodney J Klima

Mailing Address 9807 Flintridge Ct

City State Zip Code
Fairfax VA 22032-1724

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

Name of Employer self-employed Occupation
dentist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160902

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Carol Klima

Mailing Address 9807 Flintridge Court

City State Zip Code
Fairfax VA 22032-1724

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

Name of Employer Occupation
Rod Klima, DDS administrator

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: 4160903

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Ralph L Howell, Jr

Mailing Address 117 Sleepy Ridge Ct

City State Zip Code
Suffolk VA 23435-1357

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160904

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Robert G Plage

Mailing Address 807 Wood Cove Rd

City State Zip Code
Wilmington NC 28409-0504

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: 4160905

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Martin J Halbur

Mailing Address 124 W Pleasant Ridge Rd
PO Box 97

City State Zip Code
Carroll IA 51401-3208

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 4161022

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 99
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Dr Paul A Gosar

Mailing Address PO Box 201

City Pinedale State WY Zip Code 82941-0201

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2007
Transaction ID: 4161042
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Maude K. Gosar

Mailing Address PO Box 201

City Pinedale State WY Zip Code 82941-0201

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

Name of Employer self-employed Occupation antiques dealer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 21 / 2007
Transaction ID: 4161043
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr Daniel A Bertoch

Mailing Address 4401 Carrollwood Village Dr

City Tampa State FL Zip Code 33618-8638

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2007
Transaction ID: 4161044
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 99
	<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	

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

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

A.	Full Name (Last, First, Middle Initial) Mrs. Kay Bertoch	Date of Receipt MM / DD / YYYY 09 / 21 / 2007
	Mailing Address 4401 Carrollwood Village Drive	Transaction ID: 4161046
	City Tampa State FL Zip Code 33618-8638	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dr. Daniel Bertoch, DDS Occupation marketing manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Edwin S Mehlman	Date of Receipt MM / DD / YYYY 09 / 21 / 2007
	Mailing Address 3 Hanley Farm Rd	Transaction ID: 4161053
	City Warren State RI Zip Code 02885-4376	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Dr Irvin M Rainey, Jr	Date of Receipt MM / DD / YYYY 09 / 21 / 2007
	Mailing Address 723 O'Neal Ln	Transaction ID: 4161054
	City Henderson State TN Zip Code 38340-1013	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr K Jean Beauchamp		Date of Receipt MM / DD / YYYY 09 / 21 / 2007
Mailing Address 173 E Glenwood Dr		Transaction ID: 4161057
City Clarksville	State TN	Zip Code 37040-3552
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr Michael T Flynn		Date of Receipt MM / DD / YYYY 09 / 21 / 2007
Mailing Address 27249 Ruslynn Dr		Transaction ID: 4161062
City Winona	State MN	Zip Code 55987-4971
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr Kathryn Kell		Date of Receipt MM / DD / YYYY 09 / 24 / 2007
Mailing Address Apt 32 6401 Utica Ridge Rd		Transaction ID: 4161733
City Davenport	State IA	Zip Code 52807-3362
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr W Ken Rich

Mailing Address 111 Humes Ridge Rd

City State Zip Code
Williamstown KY 41097-9444

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2007

Transaction ID: 4161775

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Barbara Ann Rich

Mailing Address 2 Kendles Run Rd

City State Zip Code
Moorestown NJ 08057-3920

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2007

Transaction ID: 4161782

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Sally Cram

Mailing Address 7727 Ogden Ct

City State Zip Code
Falls Church VA 22043-3322

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2007

Transaction ID: 4161787

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 99
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Richard D Riva

Mailing Address 393 Wyoming Ave

City Millburn State NJ Zip Code 07041-2135

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2007

Transaction ID: 4161790

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Sharon Riva

Mailing Address 33 Main Street Suite 201

City Chatham State NJ Zip Code 07928-2433

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2007

Transaction ID: 4161791

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Murray Sykes

Mailing Address 10701 Gloxinia Dr

City Rockville State MD Zip Code 20852-3405

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2007

Transaction ID: 4161793

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mrs. Renee Sykes

Mailing Address 9801 Georgia Avenue
Suite 334

City State Zip Code
Silver Spring MD 20902-5276

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

Name of Employer Occupation
D.R. Horton realtor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2007

Transaction ID: 4161794

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr M Alec Parker

Mailing Address 145 Madison Square Ln

City State Zip Code
Cary NC 27513-4444

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162638

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Douglas P Walsh

Mailing Address 4853 Beach Dr SW

City State Zip Code
Seattle WA 98116-4342

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162640

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Kathy Blain-Walsh

Mailing Address 4853 Beach Drive, SW

City State Zip Code
Seattle WA 98116-4342

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

Name of Employer Occupation
Windermere Real Estate real estate agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162641

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Dan Gifford Middaugh

Mailing Address 9709 48th Ave NE

City State Zip Code
Seattle WA 98115-2625

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162642

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Mical Middaugh

Mailing Address 9709-48th Avenue, NE

City State Zip Code
Seattle WA 98115

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162643

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Teri L Barichello

Mailing Address 0114 SW Abernathy St

City State Zip Code
Portland OR 97239-4358

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2007

Transaction ID: 4162687

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Sean Aaron Benson

Mailing Address 810 E Fairway Dr

City State Zip Code
Baker City OR 97814-4372

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2007

Transaction ID: 4162690

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Timothy Edward Wandell

Mailing Address 6413 Shadow Ln

City State Zip Code
Aberdeen WA 98520-7115

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2007

Transaction ID: 4162692

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Dave M Minahan

Mailing Address 19210 63rd Ave NE

City State Zip Code
Kenmore WA 98028-3330

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162693

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Mark V Walker

Mailing Address 20725 Snag Island Dr

City State Zip Code
Sumner WA 98391-8712

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162695

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Gregory Y Ogata

Mailing Address 2182 Newport Way NW

City State Zip Code
Issaquah WA 98027-5393

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162696

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr James C Catt

Mailing Address 116 Sunrise Ave

City State Zip Code
Medford OR 97504-7022

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162697

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Fred A Bremner

Mailing Address 27 Touchstone

City State Zip Code
Lake Oswego OR 97035-1905

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162698

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas Danner Pollard

Mailing Address 9138 NW McKenna Dr

City State Zip Code
Portland OR 97229-8038

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162699

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 99
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Richard Terry Grubb

Mailing Address 1212 Washington St

City State Zip Code
Wenatchee WA 98801-2551

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162703

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Sharen Grubb

Mailing Address 2010 Edgewood Lane

City State Zip Code
Wenatchee WA 98801-9122

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

Name of Employer self-employed Occupation
volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162704

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Richard Alex Crinzi

Mailing Address 522 W Lake Sammamish Pkwy SE

City State Zip Code
Bellevue WA 98008-5212

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2007

Transaction ID: 4162718

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 99

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Mrs. Debra Crinzi

Mailing Address 15955 Northeast 85th Street
Suite 104

City State Zip Code
Redmond WA 98052-3550

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

Name of Employer Occupation
Dr. Richard A. Crinzi receptionist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2007

Transaction ID: 4162719

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Bryan C Edgar

Mailing Address 6411 View St NE

City State Zip Code
Tacoma WA 98422-1362

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2007

Transaction ID: 4162720

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Linda J Edgar

Mailing Address 1911 SW Campus Dr
Ste 762

City State Zip Code
Federal Way WA 98023-6473

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2007

Transaction ID: 4162721

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**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 40 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Dexter Edward Barnes		Date of Receipt
	Mailing Address 2520 Westmont Way W		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Seattle	WA	98199-3720
	FEC ID number of contributing federal political committee. C		Transaction ID: 4162723
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr Jill M Price		Date of Receipt
	Mailing Address 3630 NW Thurman St		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Portland	OR	97210-1233
	FEC ID number of contributing federal political committee. C		Transaction ID: 4162724
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr Edith Jane Gillette		Date of Receipt
	Mailing Address 108 Village Downtown Blvd		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Bozeman	MT	59715-3815
	FEC ID number of contributing federal political committee. C		Transaction ID: 4162869
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 41 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr John R Ames

Mailing Address 7339 N Five Mile Rd

City State Zip Code
Spokane WA 99208-8841

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162876

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Timothy R Langguth

Mailing Address 4148 Lake Road 1

City State Zip Code
Moose Lake MN 55767-8132

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162877

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr James D Condrey

Mailing Address 3939 Pleasant Valley Dr

City State Zip Code
Missouri City TX 77459-4113

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162885

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr David A Duncan

Mailing Address 6707 Palacio Dr

City Amarillo State TX Zip Code 79109-5029

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4162886

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Dr Arlet R Dunsworth

Mailing Address 6709 Lakewood Blvd

City Dallas State TX Zip Code 75214-3750

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4162887

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Janell Dunsworth

Mailing Address 6709 Lakewood Blvd.

City Dallas State TX Zip Code 75214-3750

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

Name of Employer Dr. Arlet Dunsworth, DDS, MSD, Inc. Occupation business manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4162888

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

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

FOR LINE NUMBER: PAGE 43 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Karen E Frazer

Mailing Address 2606 Pickwick Ln

City Austin State TX Zip Code 78746-5625

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4162889

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Glen David Hall

Mailing Address 5073 Sue Lookout

City Abilene State TX Zip Code 79606-3642

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4162890

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas C Harrison

Mailing Address 726 Cascet Ct

City Katy State TX Zip Code 77450-2003

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4162891

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Larry D Herwig

Mailing Address 7409 Caruth Blvd

City State Zip Code
Dallas TX 75225-4504

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162892

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Hilton Israelson

Mailing Address 5923 Oakcrest Rd

City State Zip Code
Dallas TX 75248-3850

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162894

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Amos David May

Mailing Address 2701 Woodlake Dr

City State Zip Code
Abilene TX 79606-4305

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162897

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 99
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr Donna G Miller		Date of Receipt MM / DD / YYYY 09 / 28 / 2007		
	Mailing Address 110 Mecca Rd		Transaction ID: 4162899		
	City Waco	State TX	Zip Code 76710-7233	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00		
	Name of Employer self-employed dentist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr Linda C Niessen		Date of Receipt MM / DD / YYYY 09 / 28 / 2007		
	Mailing Address 3549 Haynie Ave		Transaction ID: 4162902		
	City Dallas	State TX	Zip Code 75205-1219	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 700.00		
	Name of Employer self-employed dentist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr Richard Mark Peppard		Date of Receipt MM / DD / YYYY 09 / 28 / 2007		
	Mailing Address 4210 Dauphine Dr		Transaction ID: 4162904		
	City Austin	State TX	Zip Code 78727-5329	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
	Name of Employer self-employed dentist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 99

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mrs. Janie Peppard

Mailing Address 9415 Burnet Rd
Ste 105

City State Zip Code
Austin TX 78758-5255

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

Name of Employer Occupation
Dr. Richard Peppard executive assistant

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4162905

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Herbert L Wade, Jr

Mailing Address 806 N Rosemary Dr

City State Zip Code
Bryan TX 77802-4309

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4162907

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Dr Jay C Adkins

Mailing Address 5301 50th Street
Suite 100

City State Zip Code
Lubbock TX 79414-5834

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4162909

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 99
(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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Robert A Hersh

Mailing Address 40 Woodstock Place

City Freehold State NJ Zip Code 07728-3144

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4162923

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Dan H Singley, Jr

Mailing Address 441 46th Ct

City Meridian State MS Zip Code 39305-2814

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4162932

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Marie C Schweinebraten

Mailing Address 1122 Ascott Valley Dr

City Duluth State GA Zip Code 30097-5922

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4162933

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr C Christopher McFarland	Date of Receipt MM / DD / YYYY 09 / 28 / 2007
	Mailing Address 1122 Ascott Valley Dr	Transaction ID: 4162934
	City State Zip Code Duluth GA 30097-5922	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Lisa P Howard	Date of Receipt MM / DD / YYYY 09 / 28 / 2007
	Mailing Address 16 Rivers Edge Dr	Transaction ID: 4162935
	City State Zip Code Kennebunk ME 04043-7741	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr Joseph R Kenneally	Date of Receipt MM / DD / YYYY 09 / 28 / 2007
	Mailing Address 16 Rivers Edge Dr	Transaction ID: 4162936
	City State Zip Code Kennebunk ME 04043-7741	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 99
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Dr Robert P Gardetto

Mailing Address 21494 County Road 73

City State Zip Code
Big Lake MN 55309-9304

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162938

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Roger W Triftshauser

Mailing Address 63 Ellicott Ave

City State Zip Code
Batavia NY 14020-2028

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162939

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Joann F. Triftshauser

Mailing Address 63 Ellicott Avenue

City State Zip Code
Batavia NY 14020-2028

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

Name of Employer self-employed Occupation
retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162940

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Daniel J Klemmedson

Mailing Address 4501 N Paseo Imuris

City State Zip Code
Tucson AZ 85750-1710

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

Name of Employer self-employed Occupation
self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162941

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Joseph F Hagenbruch

Mailing Address 404 W McKinley St

City State Zip Code
Harvard IL 60033-2160

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

Name of Employer self-employed Occupation
self-employed dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162942

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Rita Hagenbruch

Mailing Address 404 W. McKinley Street

City State Zip Code
Harvard IL 60033-2160

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

Name of Employer self-employed Occupation
self-employed homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4162943

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 99

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Mrs. Adaline Klemmedson

Mailing Address 4501 N. Paseo Imuris

City State Zip Code
Tucson AZ 85750-1710

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

Name of Employer Occupation
University Medical Ctr hospital administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4162952

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Christopher Connell

Mailing Address 5395 Meadow Wood Blvd

City State Zip Code
Cleveland OH 44124-3754

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164904

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Michael E. Biermann

Mailing Address 3529 N Willamette Blvd

City State Zip Code
Portland OR 97217-5163

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

Name of Employer Occupation
self-employed dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164905

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Susan M. Biermann	Date of Receipt MM / DD / YYYY 09 / 28 / 2007
	Mailing Address 5900 N Lombard St	Transaction ID: 4164906
	City State Zip Code Portland OR 97203-4118	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Michael Biermann, DMD Occupation office manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Dennis E. Manning	Date of Receipt MM / DD / YYYY 09 / 28 / 2007
	Mailing Address 21787 Jupiter Ct	Transaction ID: 4164907
	City State Zip Code Mundelein IL 60060-5333	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Linda Manning	Date of Receipt MM / DD / YYYY 09 / 28 / 2007
	Mailing Address 268 Leonardwood South, #106	Transaction ID: 4164908
	City State Zip Code Highland Park IL 60035-5926	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dr. Dennis Manning Occupation office manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 53 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Gary E Jeffers
Mailing Address 42890 Steepleview St
City Northville State MI Zip Code 48168-2077
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 28 / 2007
Transaction ID: 4164924
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Robert M. Brandjord
Mailing Address 9389 Libby Ln
City Eden Prairie State MN Zip Code 55347-4282
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 28 / 2007
Transaction ID: 4164925
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr John G Masak
Mailing Address 13 Tilbury Ct
City Appleton State WI Zip Code 54913-8365
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 28 / 2007
Transaction ID: 4164926
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 99
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr Paul F Kattner

Mailing Address 37170 N Black Velvet Ln

City State Zip Code
Wadsworth IL 60083-9500

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164927

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Kevin M Laing

Mailing Address 10588 Van Wert Decatur Rd

City State Zip Code
Van Wert OH 45891-8400

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164928

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Mark J. Feldman

Mailing Address 5 Vanad Dr

City State Zip Code
Roslyn NY 11576-2526

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164929

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 55 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Donald I. Cadle, Jr
 Mailing Address 6820 River Rd
 City State Zip Code
 New Port Richey FL 34652-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: 09 / 28 / 2007
Transaction ID: 4164930
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Cindy Cadle
 Mailing Address 5823 Main St
 City State Zip Code
 New Port Richey FL 34652-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation sales rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 09 / 28 / 2007
Transaction ID: 4164931
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Kent N Tucker
 Mailing Address PO Box 699
 Pilot Mt
 City State Zip Code
 PILOT MOUNTAIN NC 27041-0699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: 09 / 28 / 2007
Transaction ID: 4164932
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Gary S Yonemoto

Mailing Address 265 Kaiolohia Place

City Honolulu State HI Zip Code 96825-1515

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4164933

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Theodore R Pope

Mailing Address 573 W David Pkwy

City Kettering State OH Zip Code 45429-1977

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4164936

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr Jamie Lin Sledd

Mailing Address 17702 93rd PI N

City Maple Grove State MN Zip Code 55311-4429

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4164937

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 99
(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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Richard A Weinman		Date of Receipt MM / DD / YYYY 09 / 28 / 2007		
	Mailing Address 175 Inland Ridge Way NE		Transaction ID: 4164938		
	City Atlanta	State GA	Zip Code 30342-2068	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed dentist		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr Paul Gene Hagemann		Date of Receipt MM / DD / YYYY 09 / 28 / 2007		
	Mailing Address 6747 W Kimball Dr		Transaction ID: 4164939		
	City Hurley	State WI	Zip Code 54534-9054	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed dentist		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

C.	Full Name (Last, First, Middle Initial) Dr Lee Dale Jess		Date of Receipt MM / DD / YYYY 09 / 28 / 2007		
	Mailing Address 30047 Sunny Beach Rd		Transaction ID: 4164940		
	City Grand Rapids	State MN	Zip Code 55744-4897	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed dentist		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Richard F Hettinger

Mailing Address 5000 Hamilton Blvd

City State Zip Code
Sioux City IA 51104-1153

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

Name of Employer self-employed Occupation
dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164941

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Terry G Schechner

Mailing Address 85 Tanglewood Trl

City State Zip Code
Valparaiso IN 46385-8942

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

Name of Employer self-employed Occupation
dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164942

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Steven J Holm

Mailing Address 635 Deer Meadow Trl

City State Zip Code
Valparaiso IN 46385-8920

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

Name of Employer self-employed Occupation
dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164943

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 59 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Charles Robert Weber

Mailing Address 1200 Waterford Rd

City State Zip Code
West Chester PA 19380-5814

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164944

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Raymond Mason Maddox

Mailing Address 5817 N Cedar Springs Rd

City State Zip Code
Muncie IN 47304-5867

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164945

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Donna Kay Maddox

Mailing Address 5817 North Cedar Springs Road

City State Zip Code
Muncie IN 47304-5867

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

Name of Employer self-employed Occupation
dental hygienist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164950

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Glenn M Okihiro

Mailing Address 92-100 Alii Nui Drive
#8D

City State Zip Code
Kapolei HI 96707

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164951

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Lisa Okihiro

Mailing Address 850 Kamehameha Hwy Ste 110

City State Zip Code
Pearl City HI 96782-2603

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164952

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Darrell T Teruya

Mailing Address 2615 S. King Street
Suite 201

City State Zip Code
Honolulu HI 96826-3275

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164953

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 99
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Robert B Raiber		Date of Receipt
	Mailing Address # 8A 35 Sutton Pl		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2007
	City	State	Zip Code
	New York	NY	10022-2464
	FEC ID number of contributing federal political committee. C		Transaction ID: 4164954
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr Donald M Schinnerer		Date of Receipt
	Mailing Address 700 Hawthorn Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2007
	City	State	Zip Code
	San Ramon	CA	94582-5641
	FEC ID number of contributing federal political committee. C		Transaction ID: 4164955
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr Frank A Maggio		Date of Receipt
	Mailing Address 35W332 Chateau W Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2007
	City	State	Zip Code
	Dundee	IL	60118-3111
	FEC ID number of contributing federal political committee. C		Transaction ID: 4164956
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 62 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Kenneth J Versman
Mailing Address 5144 S Jamaica Way
City Greenwood Village State CO Zip Code 80111-3838
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 28 / 2007
Transaction ID: 4164957
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Dwyte E Brooks
Mailing Address 6125 Laredo St
City Las Vegas State NV Zip Code 89146-5246
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 28 / 2007
Transaction ID: 4164958
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Sue Brooks
Mailing Address 6125 Laredo Street
City Las Vegas State NV Zip Code 89146-5246
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 28 / 2007
Transaction ID: 4164959
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 99

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Jack A Aughenbaugh

Mailing Address PO Box 369

City State Zip Code
Hegins PA 17938-0369

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 4164968

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)

Dr Ronald L. Tankersley

Mailing Address 1404 Riversedge Rd

City State Zip Code
Newport News VA 23606-2037

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 4164975

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Gladys Tankersley

Mailing Address Ste C1
716 Denbigh Blvd

City State Zip Code
Newport News VA 23608

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

Name of Employer self-employed Occupation
homemaker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 4164976

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 99
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Richard Andolina

Mailing Address 24 Meadowbrook Dr

City State Zip Code
Arkport NY 14807-9547

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164977

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Kennedy Wood Merritt

Mailing Address 121 Tanning Way

City State Zip Code
Clovis NM 88101-2324

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164978

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Marsha Merritt

Mailing Address Ste L1
2000 W 21st St

City State Zip Code
Clovis NM 88101

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

Name of Employer Ken W. Merritt, DDS Occupation dental hygienist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4164979

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 65 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Raymond Gist

Mailing Address 5301 Deepdale Dr

City State Zip Code
Grand Blanc MI 48439-9563

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164980

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Edmund Anthony Cassella

Mailing Address 744 Onaha St

City State Zip Code
Honolulu HI 96816-4921

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164981

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr James M Boyle

Mailing Address 2210 E. Market Street

City State Zip Code
York PA 17402-2852

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164982

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr William Calnon		Date of Receipt
	Mailing Address 116 Colby St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2007
	City	State	Zip Code
	Spencerport	NY	14559-9711
	FEC ID number of contributing federal political committee. C		Transaction ID: 4164983
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr Donald Alton Stoner		Date of Receipt
	Mailing Address 45 Crystal Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2007
	City	State	Zip Code
	Oakmont	PA	15139-1015
	FEC ID number of contributing federal political committee. C		Transaction ID: 4164984
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr Patrick F Stranahan		Date of Receipt
	Mailing Address 920 E Sunset Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2007
	City	State	Zip Code
	Greenwood Village	CO	80121-1214
	FEC ID number of contributing federal political committee. C		Transaction ID: 4164992
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		dentist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 99
(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 Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mrs. Betty Stranahan

Mailing Address 920 E. Sunset Court

City Greenwood Village State CO Zip Code 80121-1214

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

Name of Employer Stranahan Collections Occupation secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 28 / 2007
Transaction ID: 4164993
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr Edward John Vigna

Mailing Address 3600 S 40th St

City Lincoln State NE Zip Code 68506-4201

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 28 / 2007
Transaction ID: 4164994
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr Alvin Willis Stevens, Jr

Mailing Address 1721 Crosswood Ln

City Birmingham State AL Zip Code 35216-3185

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 28 / 2007
Transaction ID: 4164995
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Steven Michael Parrett

Mailing Address 543 Lincoln Way E

City State Zip Code
Chambersburg PA 17201-2330

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164996

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Allan Jacobs

Mailing Address 4868 Fairway Rdg S

City State Zip Code
W Bloomfield MI 48323-3314

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164997

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Jane Grover

Mailing Address 1717 Maybrook Rd

City State Zip Code
Jackson MI 49203-5342

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 4164998

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 99

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Robert Grover

Mailing Address 1717 Maybrook

City State Zip Code
Jackson MI 49203-5342

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

Name of Employer self-employed Occupation
self-employed attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 4164999

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Andrew G Vorrasi

Mailing Address 155 Georgian Court Rd

City State Zip Code
Rochester NY 14610-3416

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

Name of Employer self-employed Occupation
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 4165000

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr Terryl A Propper

Mailing Address 911 Huntington Cir

City State Zip Code
Nashville TN 37215-6114

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

Name of Employer self-employed Occupation
self-employed dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 4165016

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 99
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Jack E Gotcher, Jr

Mailing Address 1409 Kensington Dr

City State Zip Code
Knoxville TN 37922-6039

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4165017

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gary Cummins

Mailing Address 83000 Farimount Drive

City State Zip Code
Denver CO 80247

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

Name of Employer Colorado Dental PAC Occupation executive director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166444

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Dr Anthony Louis Di Mango

Mailing Address 135 77th St

City State Zip Code
Brooklyn NY 11209-2903

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166804

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 99
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Kim D Keisner

Mailing Address 54 Stonehenge Dr

City Bentonville State AR Zip Code 72712-4092

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166826

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Douglas James Gordon

Mailing Address 20 Powder Bowl Ct

City El Sobrante State CA Zip Code 94803-2621

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166901

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Mary Krempasky Smith

Mailing Address 4117 S Custer Ct

City Spokane State WA Zip Code 99223-1284

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166902

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 99
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Dr Thomas S Kelly

Mailing Address 35 Pinewood Ln

City Hudson State OH Zip Code 44236-3467

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4166903

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Daniel E Kettelman

Mailing Address 2235 Madison St

City Quincy State IL Zip Code 62301-5612

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4166904

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr Rickland G Asai

Mailing Address 2640 SW Orchard Hills Pl

City Lake Oswego State OR Zip Code 97035-1135

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

Name of Employer self-employed Occupation dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2007

Transaction ID: 4166905

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr John J Sanders

Mailing Address 153 Brandywine Dr

City State Zip Code
Summerville SC 29485-8019

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166906

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr H Todd Cubbon

Mailing Address 24949 S Woodland Dr

City State Zip Code
Crete IL 60417-3447

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166907

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Pat Cubbon

Mailing Address 24949 Woodland

City State Zip Code
Crete IL 60417-3447

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

Name of Employer H. Todd Cubbon, DDS, Ltd. Occupation bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166908

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 99

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Joel F. Glover

Mailing Address 1195 W Peckham Ln

City State Zip Code
Reno NV 89509-5221

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 4166909

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary Glover

Mailing Address 3605 Grant Drive

City State Zip Code
Reno NV 89509-5301

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

Name of Employer self-employed Occupation
Joel F. Glover, DDS office business manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 4166910

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Jeffrey A Baumler

Mailing Address 424 Riverview Dr

City State Zip Code
Youngstown NY 14174-1375

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

Name of Employer self-employed Occupation
dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 4166911

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Keith W Suchy		Date of Receipt MM / DD / YYYY 09 / 28 / 2007		
	Mailing Address 2445 Nelson Sq		Transaction ID: 4166912		
	City Westchester	State IL	Zip Code 60154-5026	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr Kathleen Roth		Date of Receipt MM / DD / YYYY 09 / 28 / 2007		
	Mailing Address 509 Summit Dr		Transaction ID: 4166913		
	City West Bend	State WI	Zip Code 53095-3853	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr Daniel Hoag Roth		Date of Receipt MM / DD / YYYY 09 / 28 / 2007		
	Mailing Address 509 Summit Dr		Transaction ID: 4166914		
	City West Bend	State WI	Zip Code 53095-3853	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Scott L Morrison

Mailing Address 2459 N 148th St

City State Zip Code
Omaha NE 68116-5101

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

Name of Employer self-employed Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 28 / 2007
Transaction ID: 4166915
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Anne Morrison

Mailing Address 2459 N. 148th Street

City State Zip Code
Omaha NE 68116-5101

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

Name of Employer USDA Occupation mbr, Office of Inspector General

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 28 / 2007
Transaction ID: 4166916
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Susan Vorrasi

Mailing Address 155 Georgian Court Road

City State Zip Code
Rochester NY 14610-3416

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

Name of Employer Dr. Andrew Vorrasi Occupation office manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 28 / 2007
Transaction ID: 4166918
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Mary Kay Calnon

Mailing Address 116 Colby Street

City State Zip Code
Spencerport NY 14559-9711

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

Name of Employer Churchville Schools Occupation neuropsychologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166919

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Jill Gist

Mailing Address 5301 Deepdale Drive

City State Zip Code
Grand Blanc MI 48439-9563

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

Name of Employer self-employed Occupation retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166920

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Nancy Jeffers

Mailing Address 42890 Steepleview Street

City State Zip Code
Northville MI 48168-2077

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

Name of Employer United States Government Occupation federal worker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 4166921

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ► 90950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 99
(check only one)

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

A.

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

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39168.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2007

Transaction ID: 4139665

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address PO Box 120188
2104 Sunset Place

City State Zip Code
Nashville TN 37212

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
24996.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 4161034

Amount of Each Receipt this Period
80.00

C.

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

Mailing Address PO Box 2467

City State Zip Code
Indianapolis IN 46206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11445.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 4161039

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	160.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 79 / 99	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Citibank 1		Date of Receipt
Mailing Address 1500 Vermont Ave Nw		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		Transaction ID: 4179119
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="143.99"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1600.48"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="143.99"/>
TOTAL This Period (last page this line number only)	<input type="text" value="143.99"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 / 99

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

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

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 4179118

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

673.60

SUBTOTAL of Disbursements This Page (optional)

673.60

TOTAL This Period (last page this line number only)

673.60

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Donna Christensen Campaign	Transaction ID: 4139635 Date of Disbursement 09 / 06 / 2007
	Mailing Address PO Box 5197	Amount of Each Disbursement this Period 1000.00
	City St. Croix State VI Zip Code 00823	
	Purpose of Disbursement Mike Graham attended event-check sent to campaign	011 Category/ Type
	Candidate Name Rep. Donna Christensen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Mike Graham attended event-check sent to campaign

B.	Full Name (Last, First, Middle Initial) Sue Myrick For Congress	Transaction ID: 4139684 Date of Disbursement 09 / 07 / 2007
	Mailing Address P.O. Box 37091	Amount of Each Disbursement this Period 1500.00
	City Charlotte State NC Zip Code 28237	
	Purpose of Disbursement Dr. Robert Rucho attended golf event on 9/10/07	011 Category/ Type
	Candidate Name Rep. Sue Wilkins Myrick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Dr. Robert Rucho attended golf event on 9/10/07

C.	Full Name (Last, First, Middle Initial) Diana DeGette for Congress, Inc	Transaction ID: 4146096 Date of Disbursement 09 / 10 / 2007
	Mailing Address 770 Grant Street, #238	Amount of Each Disbursement this Period 2000.00
	City Denver State CO Zip Code 80203	
	Purpose of Disbursement Katie Yehl attended July event-check sent to campaign	011 Category/ Type
	Candidate Name Diana DeGette	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Katie Yehl attended July event-check sent to campaign

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Texans For Lamar Smith

Transaction ID: 4146258

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Mailing Address PO Box 6155

Amount of Each Disbursement this Period

1000.00

City State Zip Code
San Antonio TX 78209

Purpose of Disbursement
check sent to Dr. Warren Branch

011
Category/
Type

Candidate Name
Rep. Lamar S. Smith

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

check sent to Dr. Warren
Branch

State: TX District: 21

B.

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

Transaction ID: 4146259

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Mailing Address P.O. Box 14222

Amount of Each Disbursement this Period

4000.00

City State Zip Code
Humble TX 77347

Purpose of Disbursement
check sent to Dr. Macon Ware

011
Category/
Type

Candidate Name
Rep. Ted Poe

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

check sent to Dr. Macon
Ware

State: TX District: 02

C.

Full Name (Last, First, Middle Initial)
Butterfield For Congress Committee

Transaction ID: 4146257

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Mailing Address PO Box 2571

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Wilson NC 27894

Purpose of Disbursement
Mike Graham attended event/check sent to campaign

011
Category/
Type

Candidate Name
Rep. George K. Butterfield

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Mike Graham attended even-
t/check sent to campaign

State: NC District: 01

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lobiondo For Congress	Transaction ID: 4147566 Date of Disbursement 09 / 13 / 2007
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 2000.00
	City Marmora State NJ Zip Code 08223	
	Purpose of Disbursement Jim Schulz attending event/check sent to campaign	011 Category/ Type
	Candidate Name Rep. Frank A. LoBiondo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Jim Schulz attending event/check sent to campaign

B.	Full Name (Last, First, Middle Initial) Friends Of Phil Hare	Transaction ID: 4147567 Date of Disbursement 09 / 13 / 2007
	Mailing Address 313 17th Street P.O. Box 4183	Amount of Each Disbursement this Period 1000.00
	City Rock Island State IL Zip Code 61202	
	Purpose of Disbursement Dr. Ron Riggins attended event/check sent to campaign	011 Category/ Type
	Candidate Name Rep. Phil Hare	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Dr. Ron Riggins attended event/check sent to campaign

C.	Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan	Transaction ID: 4149070 Date of Disbursement 07 / 19 / 2007
	Mailing Address PO Box 871	Amount of Each Disbursement this Period 1000.00
	City Bismarck State ND Zip Code 58502	
	Purpose of Disbursement Judy Sherman attended event/check sent to campaign Funds Reported On August 20th report	011 Category/ Type
	Candidate Name Sen. Byron L. Dorgan	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Judy Sherman attended event/check sent to campaign Funds Reported On August 20th report

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan</p> <p>Mailing Address PO Box 871</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement Judy Sherman attended event/check sent to campaign Re-designated funds for trans. dated 7/19/2007</p> <p>Candidate Name Sen. Byron L. Dorgan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4149071 Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>[MEMO ITEM] Judy Sherman attended event/check sent to campaign Re-designated funds for trans. dated 7/19/2007</p>
<p>B. Full Name (Last, First, Middle Initial) CAP PAC</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003-4006</p> <p>Purpose of Disbursement check delivered by Kathleen Ford</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4160413 Date of Disbursement 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>check delivered by Kathleen Ford</p>
<p>C. Full Name (Last, First, Middle Initial) Tuesday Group</p> <p>Mailing Address 1707 Prince Street #5</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement check delivered by Judy Sherman</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4160402 Date of Disbursement 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>check delivered by Judy Sherman</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Joan Fitz-Gerald For Congress Committee	Transaction ID: 4160414 Date of Disbursement 09 / 18 / 2007
	Mailing Address Box 401 9975 Wadsworth Parkway Unit K-2	Amount of Each Disbursement this Period 2500.00
	City Westminster	State CO
	Zip Code 80021	
	Purpose of Disbursement check sent to Gary Cummins, CO Dental Association	011 Category/ Type
	Candidate Name Joan Fitz-Gerald	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 02	check sent to Gary Cummins, CO Dental Association

B.	Full Name (Last, First, Middle Initial) Susan Davis For Congress	Transaction ID: 4161746 Date of Disbursement 09 / 24 / 2007
	Mailing Address 144 West D St	Amount of Each Disbursement this Period 1250.00
	City Encinitas	State CA
	Zip Code 92024	
	Purpose of Disbursement Dr. Budd Rubin attended event/check sent to campaign	011 Category/ Type
	Candidate Name Rep. Susan A. Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 53	Dr. Budd Rubin attended event/check sent to campaign

C.	Full Name (Last, First, Middle Initial) Pascrell for Congress	Transaction ID: 4161750 Date of Disbursement 09 / 24 / 2007
	Mailing Address PO Box 640	Amount of Each Disbursement this Period 1000.00
	City Totowa	State NJ
	Zip Code 07511	
	Purpose of Disbursement Mike Graham attended event/check sent to campaign	011 Category/ Type
	Candidate Name William Pascrell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 08	Mike Graham attended event/check sent to campaign

SUBTOTAL of Disbursements This Page (optional)	4750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Committee For Thad Cochran	Transaction ID: 4161756 Date of Disbursement 09 / 24 / 2007
	Mailing Address PO Box 7183	Amount of Each Disbursement this Period 1000.00
	City Tupelo State MS Zip Code 38801	
	Purpose of Disbursement Judy Sherman attended event/check sent to campaign	011 Category/ Type
	Candidate Name Thad Cochran	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Judy Sherman attended event/check sent to campaign

B.	Full Name (Last, First, Middle Initial) Forbes For Congress	Transaction ID: 4161755 Date of Disbursement 09 / 24 / 2007
	Mailing Address PO Box 15100	Amount of Each Disbursement this Period 1000.00
	City Chesapeake State VA Zip Code 23328	
	Purpose of Disbursement Mike Graham attended event/check sent to campaign	011 Category/ Type
	Candidate Name Rep. J. Randy Forbes	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Mike Graham attended event/check sent to campaign

C.	Full Name (Last, First, Middle Initial) Inslee For Congress	Transaction ID: 4161751 Date of Disbursement 09 / 24 / 2007
	Mailing Address PO Box 33027	Amount of Each Disbursement this Period 1000.00
	City Seattle State WA Zip Code 98133	
	Purpose of Disbursement James Paluskiewicz attended event/check sent to campaign	011 Category/ Type
	Candidate Name Rep. Jay Inslee	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		James Paluskiewicz attended event/check sent to campaign

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

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

Transaction ID: 4161760
Date of Disbursement

Mailing Address 721 S Brea Canyon Road Suite 7

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

City State Zip Code
Diamond Bar CA 91789

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Mike Graham attended event/check sent to campaign

011

Category/
Type

Candidate Name
Rep. Gary G. Miller

Office Sought: House Senate President
State: CA District: 42
Disbursement For: 2007
 Primary General
 Other (specify) ▼
2008 US General

Mike Graham attended even-
t/check sent to campaign

B.

Full Name (Last, First, Middle Initial)
Earl Pomeroy For Congress

Transaction ID: 4161747
Date of Disbursement

Mailing Address P.O. Box 9336

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

City State Zip Code
Fargo ND 58106

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Judy Sherman attended event/check sent to campaign

011

Category/
Type

Candidate Name
Rep. Earl Pomeroy

Office Sought: House Senate President
State: ND District: 01
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Judy Sherman attended eve-
nt/check sent to campaign

C.

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

Transaction ID: 4161752
Date of Disbursement

Mailing Address 555 So. Flower St. Suite 4210

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

City State Zip Code
Los Angeles CA 90071

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Dr. Charles Hand attended event in CA/check sent to campaign

011

Category/
Type

Candidate Name
Rep. Brad Sherman

Office Sought: House Senate President
State: CA District: 27
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Dr. Charles Hand attended
event in CA/check sent to
campaign

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Sherman For Congress</p> <p>Mailing Address 555 So.Flower St. Suite 4210</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Dr. Charles Hand attended event in CA/check sent to campaign</p> <p>Candidate Name Rep. Brad Sherman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US General</p>	<p>Transaction ID: 4161754 Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Dr. Charles Hand attended event in CA/check sent to campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Barrett For Congress</p> <p>Mailing Address P.O. Box 869 PO Box 869</p> <p>City Westminster State SC Zip Code 29693</p> <p>Purpose of Disbursement Mike Graham attended event/check sent to campaign</p> <p>Candidate Name Rep. J. Gresham Barrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4161749 Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Mike Graham attended event/check sent to campaign</p>
<p>C. Full Name (Last, First, Middle Initial) Klein for Congress</p> <p>Mailing Address 21301 Powerline Road, #20</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement Jennifer Fisher attended event/check sent to campaign</p> <p>Candidate Name Ron Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4161748 Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Jennifer Fisher attended event/check sent to campaign</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CHC BOLD PAC</p> <p>Mailing Address 420 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Mike Graham attended event/check sent to committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4161761 Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Mike Graham attended even- t/check sent to committee</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Richardson For Congress</p> <p>Mailing Address 1212 S Victory Blvd</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Void - Richardson For Congress-unable to deliver</p> <p>Candidate Name Laura Richardson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162574 Date of Disbursement 09 / 25 / 2007</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/ Type</p> <p>Void - Richardson For Con- gress-unable to deliver</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The Reed Committee</p> <p>Mailing Address PO Box 8268</p> <p>City Cranston State RI Zip Code 02920</p> <p>Purpose of Disbursement Judy Sherman attended event/check sent to campaign</p> <p>Candidate Name Jack Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162774 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Judy Sherman attended eve- nt/check sent to campaign</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Westmoreland For Congress</p> <p>Mailing Address P.O. Box 458</p> <p>City Shargsburg State GA Zip Code 30277</p> <p>Purpose of Disbursement Mike Graham attended event/check sent to campaign</p> <p>Candidate Name Rep. Lynn A. Westmoreland</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162780 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Mike Graham attended even- t/check sent to campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens For Harkin</p> <p>Mailing Address P O Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Judy Sherman attended event/check sent to campaign</p> <p>Candidate Name Sen. Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US General</p>	<p>Transaction ID: 4162773 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Judy Sherman attended eve- nt/check sent to campaign</p>
<p>C. Full Name (Last, First, Middle Initial) Levin For Congress</p> <p>Mailing Address 230 North Avenue</p> <p>City Mt. Clemens State MI Zip Code 48043</p> <p>Purpose of Disbursement Judy Sherman attended event/check sent to campaign</p> <p>Candidate Name Rep. Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162764 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Judy Sherman attended eve- nt/check sent to campaign</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City State Zip Code
Rockford IL 61126

Purpose of Disbursement
Mike Graham attended event/check sent to campaign

Candidate Name
Rep. Donald A. Manzullo

Office Sought: House
 Senate
 President

State: IL District: 16

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 4162781

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Mike Graham attended event/check sent to campaign

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

Mailing Address P.O. Box 8084

City State Zip Code
Jonesboro AR 72403

Purpose of Disbursement
Judy Sherman will attend event/check to campaign

Candidate Name
Rep. Marion Berry

Office Sought: House
 Senate
 President

State: AR District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 4162763

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

1500.00

Judy Sherman will attend event/check to campaign

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

Mailing Address P.O. Box 15703

City State Zip Code
Tallahassee FL 32317

Purpose of Disbursement
Judy Sherman attended event/check sent to campaign

Candidate Name
Rep. Allen Boyd

Office Sought: House
 Senate
 President

State: FL District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 4162772

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to campaign

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Forbes For Congress</p> <p>Mailing Address PO Box 15100</p> <p>City Chesapeake State VA Zip Code 23328</p> <p>Purpose of Disbursement Mike Graham attended event/check sent to campaign</p> <p>Candidate Name Rep. J. Randy Forbes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162776 Date of Disbursement: 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Mike Graham attended even- t/check sent to campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Forbes For Congress</p> <p>Mailing Address PO Box 15100</p> <p>City Chesapeake State VA Zip Code 23328</p> <p>Purpose of Disbursement Void - Forbes For Congress-duplicate</p> <p>Candidate Name Rep. J. Randy Forbes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162805 Date of Disbursement: 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Forbes For Congres- s-duplicate</p>
<p>C. Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Mike Graham attended event/check sent to campaign</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US General</p>	<p>Transaction ID: 4162775 Date of Disbursement: 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Mike Graham attended even- t/check sent to campaign</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kind For Congress Committee</p> <p>Mailing Address 205 South 5th Ave Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement Mike Graham attended event/check sent to campaign</p> <p>Candidate Name Rep. Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US General</p>	<p>Transaction ID: 4162803 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Mike Graham attended even- t/check sent to campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Stupak For Congress</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162761 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of John Tanner</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement Mike Graham attended event/check sent to campaign</p> <p>Candidate Name Rep. John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162777 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Mike Graham attended even- t/check sent to campaign</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Dave Wu For Us Congress</p> <p>Mailing Address 818 Sw Third Ave. #1182</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Mike Graham attended event/check sent to campaign</p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162778 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Mike Graham attended even- t/check sent to campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Pearce For Congress</p> <p>Mailing Address PO Box 2696</p> <p>City Hobbs State NM Zip Code 88241</p> <p>Purpose of Disbursement check sent to Dr. Keigm Crook</p> <p>Candidate Name Rep. Stevan E. Pearce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162766 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Keigm Crook</p>
<p>C. Full Name (Last, First, Middle Initial) Jeff Fortenberry for Congress</p> <p>Mailing Address 1620 N Street</p> <p>City Lincoln State NE Zip Code 68508</p> <p>Purpose of Disbursement check sent to Dr. Ed Vigna</p> <p>Candidate Name Jeffrey Fortenberry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162765 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Ed Vigna</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc</p> <p>Mailing Address PO Box 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement Void - Charlie Melancon Campaign Committee Inc-unable to deliver</p> <p>Candidate Name Rep. Charles Melancon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162783 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Charlie Melancon Campaign Committee Inc-unable to deliver</p>
<p>B. Full Name (Last, First, Middle Initial) Tallatchee PAC</p> <p>Mailing Address PO Box 29567</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Void - Tallatchee PAC-unable to deliver</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162782 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Tallatchee PAC-unable to deliver</p>
<p>C. Full Name (Last, First, Middle Initial) Carney for Congress</p> <p>Mailing Address PO Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement Mike Graham attended event/check sent to campaign</p> <p>Candidate Name Christopher Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162779 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Mike Graham attended event/check sent to campaign</p>

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)

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

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

A.

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

Mailing Address P.O. Box 41964

City Houston State TX Zip Code 77241

Purpose of Disbursement
check sent to campaign-replaces previously lost check #9876

Candidate Name
Rep. John Abney Culberson

Office Sought: House
 Senate
 President

State: TX District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 4162861
Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

check sent to campaign-replaces previously lost check #9876

B.

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

Mailing Address 7840 Red Leaf Drive

City Las Vegas State NV Zip Code 89131

Purpose of Disbursement
check sent to campaign per state's request

Candidate Name
Rep. Jon C. Porter

Office Sought: House
 Senate
 President

State: NV District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 4162864
Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

check sent to campaign per state's request

C.

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

Mailing Address PO Box 182152

City Shelby Township State MI Zip Code 48318

Purpose of Disbursement
check sent to Dr. John Buchheister

Candidate Name
Rep. Candice S. Miller

Office Sought: House
 Senate
 President

State: MI District: 10

Disbursement For: 2007
 Primary General
 Other (specify) ▼
2008 US General

Transaction ID: 4162860
Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

3000.00

check sent to Dr. John Buchheister

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement Kathleen Ford attended event/check sent to campaign</p> <p>Candidate Name Rep. Debbie Wasserman-Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162862 Date of Disbursement 09 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Kathleen Ford attended ev- ent/check sent to campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Heller for Congress</p> <p>Mailing Address PO Box 750580</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement check sent to campaign per state's request</p> <p>Candidate Name Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162863 Date of Disbursement 09 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to campaign per state's request</p>
<p>C. Full Name (Last, First, Middle Initial) Barrett For Congress</p> <p>Mailing Address P.O. Box 869 PO Box 869</p> <p>City Westminster State SC Zip Code 29693</p> <p>Purpose of Disbursement check sent to campaign/Drs. Moore & Barrett will attend SC event</p> <p>Candidate Name Rep. J. Gresham Barrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4162865 Date of Disbursement 09 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>check sent to campaign/Dr- s. Moore & Barrett will attend SC event</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Kagen 4 Congress <hr/> Mailing Address 100 West Lawrence St <hr/> City Appleton State WI Zip Code 54911 <hr/> Purpose of Disbursement Judy Sherman attended event Candidate Name Steven Kagen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US General	Transaction ID: 4162859 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00 <hr/> Judy Sherman attended event
B. Full Name (Last, First, Middle Initial) Whitfield For Congress Committee <hr/> Mailing Address P.O. Box 391 <hr/> City Hopkinsville State KY Zip Code 42241 <hr/> Purpose of Disbursement JP attended event/check sent to campaign Candidate Name Rep. Edward Whitfield <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4164884 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00 <hr/> JP attended event/check sent to campaign

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

62250.00

**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)

PAGE 99 / 99

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

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

A.

Full Name (Last, First, Middle Initial)
New Jersey Democratic State Committee

Mailing Address 196 West State Street

City State Zip Code
Trenton NJ 08608

Purpose of Disbursement
check sent to Jim Schulz, New Jersey Dental Association

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 4146260

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

2000.00

check sent to Jim Schulz,
New Jersey Dental Association

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00