

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, 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, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2010 through 05 31 2010

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

Signature of Treasurer Electronically Filed by Dr Dennis Zent Date 06 15 2010

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		189539.35
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	369801.44									
(c) Total Receipts (from Line 19)	42921.54	693042.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	412722.98	882582.00								
7. Total Disbursements (from Line 31)	219544.87	689403.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	193178.11	193178.11								
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

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	300.00	27020.00
(ii) Unitemized	36360.50	586723.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36660.50	613743.76
(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)	36660.50	613743.76
12. Transfers From Affiliated/Other Party Committees	5230.57	67260.29
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	199.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	11625.00
17. Other Federal Receipts (Dividends, Interest, etc.)	30.47	213.65
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))	42921.54	693042.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42921.54	693042.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	549.36	1114.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	549.36	1114.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	113700.00	582700.00
24. Independent Expenditure (use Schedule E)	105295.51	105295.51
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	294.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	219544.87	689403.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	219544.87	689403.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	36660.50	613743.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36660.50	613743.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	549.36	1114.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	199.95
38. Net Operating Expenditures (subtract Line 37 from Line 36)	549.36	914.43

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 39
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼
14041.29

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: 9139810

Amount of Each Receipt this Period
713.57

B. 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 ▼
14510.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: 9139865

Amount of Each Receipt this Period
98.00

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

Mailing Address 1600 Evans Road

City State Zip Code
Cary NC 27513

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20202.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: 9141799

Amount of Each Receipt this Period
4419.00

SUBTOTAL of Receipts This Page (optional) ► **5230.57**

TOTAL This Period (last page this line number only) ► **5230.57**

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

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

FOR LINE NUMBER: PAGE 7 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Dr Phillip J Fijal

Mailing Address 918 Lakewood Dr

City State Zip Code
Barrington IL 60010-4696

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 1 0

Transaction ID: 9148085

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 39
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite		Date of Receipt
	Mailing Address PO Box 865		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brooksville	FL	34605
	FEC ID number of contributing federal political committee.		Transaction ID: 9160330
	<input type="text" value="C"/> C00367680		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 39	
	(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 Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Citibank 1		Date of Receipt
Mailing Address 1500 Vermont Ave Nw		<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 05 / 31 / 2010
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		Transaction ID: 9192800
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 30.47
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 213.65	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.47
TOTAL This Period (last page this line number only)	<input type="text"/> 30.47

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Tom Ganley For Congress</p> <p>Mailing Address PO Box 41331</p> <p>City Brecksville State OH Zip Code 44141</p> <p>Purpose of Disbursement check sent to Dr. Burton Job</p> <p>Candidate Name Mr. Thomas Ganley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9111393 Date of Disbursement: 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Burton Job</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens For Rush</p> <p>Mailing Address P. O. Box 7292</p> <p>City Chicago State IL Zip Code 60680</p> <p>Purpose of Disbursement check sent to Courtney Evans, Political Development Group LLC</p> <p>Candidate Name Rep. Bobby Lee Rush</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9112030 Date of Disbursement: 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to Courtney Evans, Political Development Group LLC</p>
<p>C. Full Name (Last, First, Middle Initial) Charlie Dent For Congress</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement check sent to Dr. John Worsley</p> <p>Candidate Name Rep. Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9112031 Date of Disbursement: 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. John Worsley</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ORRINPAC</p> <p>Mailing Address 175 S. West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement check sent to Dr. Ron Bowen</p> <p>Candidate Name ORRINPAC</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: 9112966 Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>check sent to Dr. Ron Bowen</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Trust Pac</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement check sent to Dr. Stuart Boekeloo</p> <p>Candidate Name Trust Pac</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: 9112967 Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>check sent to Dr. Stuart Boekeloo</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Buchanan For Congress</p> <p>Mailing Address PO Box 48928</p> <p>City Sarasota State FL Zip Code 34236</p> <p>Purpose of Disbursement check sent to Dr. Michael Evans</p> <p>Candidate Name Vern Buchanan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9112968 Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>check sent to Dr. Michael Evans</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Nodler for Congress</p> <p>Mailing Address PO Box 3838</p> <p>City Joplin State MO Zip Code 64803</p> <p>Purpose of Disbursement check sent to Dr. Charles McGinty</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9123477 Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Charles McGinty</p>
<p>B. Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement check sent to Dr. Jim Torchia</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9123479 Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Jim Torchia</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Ryan For Congress</p> <p>Mailing Address 1600 Roosevelt Avenue Suite 804</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement check delivered by Judy Sherman</p> <p>Candidate Name Rep. Timothy J. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9123482 Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check delivered by Judy Sherman</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)

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

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

A. Full Name (Last, First, Middle Initial) Keystone America PAC <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement check sent to Dr. Bernie Dishler Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9123487 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	check sent to Dr. Bernie Dishler

B. Full Name (Last, First, Middle Initial) Mikulski Majority PAC <hr/> Mailing Address PO BOX 13172 <hr/> City State Zip Code Baltimore MD 21203 <hr/> Purpose of Disbursement check sent to Frank McLaughlin, MD State Dental Assoc Candidate Name Mikulski Majority PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9123490 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	check sent to Frank McLaughlin, MD State Dental Assoc

C. Full Name (Last, First, Middle Initial) Friends Of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City State Zip Code Springfield MO 65805 <hr/> Purpose of Disbursement check sent to Dr. Charles McGinty Candidate Name Mr. Roy Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9123493 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	check sent to Dr. Charles McGinty

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Mikulski Majority PAC	Transaction ID: 9123514 Date of Disbursement 05 / 05 / 2010
	Mailing Address PO BOX 13172	Amount of Each Disbursement this Period 1000.00
	City Baltimore State MD Zip Code 21203	
	Purpose of Disbursement check sent to Frank McLaughlin, MD State Dental Assoc	011 Category/ Type
	Candidate Name Mikulski Majority PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Frank McLaughlin, MD State Dental Assoc
	State: District:	

B.	Full Name (Last, First, Middle Initial) Mikulski Majority PAC	Transaction ID: 9123525 Date of Disbursement 05 / 05 / 2010
	Mailing Address PO BOX 13172	Amount of Each Disbursement this Period -1000.00
	City Baltimore State MD Zip Code 21203	
	Purpose of Disbursement Void - Mikulski Majority PAC-print error	011 Category/ Type
	Candidate Name Mikulski Majority PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Mikulski Majority PAC-print error
	State: District:	

C.	Full Name (Last, First, Middle Initial) Mikulski Majority PAC	Transaction ID: 9123526 Date of Disbursement 05 / 05 / 2010
	Mailing Address PO BOX 13172	Amount of Each Disbursement this Period 1000.00
	City Baltimore State MD Zip Code 21203	
	Purpose of Disbursement check sent to Frank McLaughlin, MD State Dental Assoc	011 Category/ Type
	Candidate Name Mikulski Majority PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Frank McLaughlin, MD State Dental Assoc
	State: District:	

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Alan Mollohan For Congress Committee

Mailing Address P. O. Box 1343

City Fairmont State WV Zip Code 26555

Purpose of Disbursement
check delivered to campaign

011
Category/
Type

Candidate Name
Rep. Alan B. Mollohan

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: WV District: 01

Transaction ID: 9124066

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

2000.00

check delivered to campaign

B. Full Name (Last, First, Middle Initial)
Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement
check delivered by Judy Sherman/Dr. Tankersley

011
Category/
Type

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CT District: 03

Transaction ID: 9125634

Date of Disbursement

05 / 10 / 2010

Amount of Each Disbursement this Period

2000.00

check delivered by Judy Sherman/Dr. Tankersley

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

Mailing Address 8150 West Emerald, Ste. 170

City Boise State ID Zip Code 83704

Purpose of Disbursement
check sent to Dr. Steve Bruce

011
Category/
Type

Candidate Name
Rep. Walter Clifford Minnick

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: ID District: 01

Transaction ID: 9125652

Date of Disbursement

05 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

check sent to Dr. Steve Bruce

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) People for Pearce Mailing Address PO Box 2696 City Hobbs State NM Zip Code 88241 Purpose of Disbursement check sent to Mark Moores, NM Dental Assoc Candidate Name Rep. Stevan E. Pearce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9126876 Date of Disbursement 05 / 11 / 2010 Amount of Each Disbursement this Period 2500.00 check sent to Mark Moores, NM Dental Assoc
	Category/ Type 011

B. Full Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address 99 W First St City Corning State NY Zip Code 14830 Purpose of Disbursement check sent to Dr. Roger Triftshouser Candidate Name Mr. Thomas Reed Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9126921 Date of Disbursement 05 / 11 / 2010 Amount of Each Disbursement this Period 5000.00 check sent to Dr. Roger Triftshouser
	Category/ Type 011

C. Full Name (Last, First, Middle Initial) Friends Of Schumer Mailing Address 509 Madison Ave Suite 1902 City New York State NY Zip Code 10022 Purpose of Disbursement check sent to Dr. BJ Mistry via FedEx Candidate Name Sen. Charles E. Schumer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9126922 Date of Disbursement 05 / 11 / 2010 Amount of Each Disbursement this Period 3000.00 check sent to Dr. BJ Mist- ry via FedEx
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Nita Lowey For Congress</p> <p>Mailing Address PO Box 271</p> <p>City White Plains State NY Zip Code 10605</p> <p>Purpose of Disbursement check sent to Dr. BJ Mistry via FedEx</p> <p>Candidate Name Rep. Nita M. Lowey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9126923 Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. BJ Mistry via FedEx</p>
<p>B. Full Name (Last, First, Middle Initial) Duffy For Congress</p> <p>Mailing Address PO Box 186</p> <p>City Ashland State WI Zip Code 54806</p> <p>Purpose of Disbursement check sent to Dr. Eva Dahl</p> <p>Candidate Name Mr. Sean Duffy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9126924 Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Eva Dahl</p>
<p>C. Full Name (Last, First, Middle Initial) Inglis For Congress Committee Inc.</p> <p>Mailing Address PO Box 210</p> <p>City Travelers Rest State SC Zip Code 29690</p> <p>Purpose of Disbursement check sent to campaign</p> <p>Candidate Name Rep. Robert Durden Inglis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9136365 Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>check sent to campaign</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pete King For Congress Comm.	Transaction ID: 9136366 Date of Disbursement 05 / 13 / 2010
	Mailing Address PO Box 1428	Amount of Each Disbursement this Period 1000.00
	City Seaford State NY Zip Code 11783	
	Purpose of Disbursement check sent to Dr. Robert Peskin Candidate Name Peter King Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check sent to Dr. Robert Peskin

B.	Full Name (Last, First, Middle Initial) TENN PAC	Transaction ID: 9136370 Date of Disbursement 05 / 13 / 2010
	Mailing Address 228 S. Washington Suite 115	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement check sent to committee Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	check sent to committee
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Richard Burr Committee; The	Transaction ID: 9136373 Date of Disbursement 05 / 13 / 2010
	Mailing Address Post Office Box 5928	Amount of Each Disbursement this Period 2000.00
	City Winston-Salem State NC Zip Code 27113	
	Purpose of Disbursement check sent to Dr. John Olmsted Candidate Name Sen. Richard M. Burr	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	check sent to Dr. John Olmsted
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Harry Teague For Congress</p> <p>Mailing Address PO Box 5153</p> <p>City Hobbs State NM Zip Code 88241</p> <p>Purpose of Disbursement check sent to campaign</p> <p>Candidate Name Mr. Harry Teague</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9136375 Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>check sent to campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Committee For Jon Kyl</p> <p>Mailing Address PO Box 10246</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement Check sent to campaign</p> <p>Candidate Name Jon Kyl</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9138166 Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to campaign</p>
<p>C. Full Name (Last, First, Middle Initial) Susan Davis For Congress</p> <p>Mailing Address 1212 S. Victory Blvd. Suite 200</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement check sent to Dr. Budd Rubin</p> <p>Candidate Name Rep. Susan A. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9138183 Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p>011 Category/ Type</p> <p>check sent to Dr. Budd Rubin</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3700.00

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)

PAGE 20 / 39

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson</p> <p>Mailing Address P.O. Box 822 400 Broadway, Suite 501</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement Check sent to Dr. Robert Fox</p> <p>Candidate Name Rep. Jo Ann Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9142403</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Robert Fox</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jeff Duncan For Congress</p> <p>Mailing Address PO Box 732</p> <p>City Clinton State SC Zip Code 29325</p> <p>Purpose of Disbursement Check sent to Phil Latham</p> <p>Candidate Name Mr. Jeff Duncan</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9142599</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Phil Latham</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress Cmte.</p> <p>Mailing Address 2559 East 72nd Street</p> <p>City Chicago State IL Zip Code 60649</p> <p>Purpose of Disbursement Check sent to campaign</p> <p>Candidate Name Rep. Jesse Jackson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9142600</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to campaign</p>

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ciro D. Rodriguez For Congress	Transaction ID: 9144698 Date of Disbursement 05 / 17 / 2010
	Mailing Address 363 W. Harding	Amount of Each Disbursement this Period 3000.00
	City San Antonio State TX Zip Code 78221	
	Purpose of Disbursement Check sent to Dr. Warren Branch	011 Category/Type
	Candidate Name Rep. Ciro Rodriguez	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Warren Branch

B.	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	Transaction ID: 9144699 Date of Disbursement 05 / 17 / 2010
	Mailing Address PO Box 12612	Amount of Each Disbursement this Period 3000.00
	City San Antonio State TX Zip Code 78212	
	Purpose of Disbursement Check sent to Dr. Warren Branch	011 Category/Type
	Candidate Name Rep. Charles A. Gonzalez	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Warren Branch

C.	Full Name (Last, First, Middle Initial) Rob Wittman For Congress	Transaction ID: 9144701 Date of Disbursement 05 / 17 / 2010
	Mailing Address P.O. Box 999	Amount of Each Disbursement this Period 1000.00
	City Montross State VA Zip Code 22520	
	Purpose of Disbursement Check sent to Dr. Ronald Tankersley	011 Category/Type
	Candidate Name Rep. Robert J. Wittman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Ronald Tankersley

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray for Congress	Transaction ID: 9144702 Date of Disbursement
	Mailing Address 2466 Unicornio Street	<input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carlsbad State CA Zip Code 92009	Amount of Each Disbursement this Period
	Purpose of Disbursement Check sent to Dr. Robert Hanlon	<input type="text" value="500.00"/>
	Candidate Name Brian Bilbray	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to Dr. Robert Hanlon

B.	Full Name (Last, First, Middle Initial) Populist PAC	Transaction ID: 9144712 Date of Disbursement
	Mailing Address P.O. Box 30075	<input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bethesda State MD Zip Code 20824	Amount of Each Disbursement this Period
	Purpose of Disbursement Check sent to PAC	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to PAC

C.	Full Name (Last, First, Middle Initial) Republican National Committee	Transaction ID: 9144736 Date of Disbursement
	Mailing Address 310 First Street, SE	<input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Void - Republican National Committee-unable to deliver	<input type="text" value="-15000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Republican National Committee-unable to deliver

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="-12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Republican National Committee Mailing Address 310 First Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement 2010 Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 9144737 Date of Disbursement 05 / 17 / 2010
	Amount of Each Disbursement this Period 15000.00
	2010 Dues
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Friends Of Roy Blunt Mailing Address PO Box 50100 City Springfield State MO Zip Code 65805 Purpose of Disbursement Void - Friends Of Roy Blunt-Change in distribution Candidate Name Mr. Roy Blunt Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Transaction ID: 9145494 Date of Disbursement 05 / 18 / 2010
	Amount of Each Disbursement this Period -5000.00
	Void - Friends Of Roy Blunt-Change in distribution
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Friends Of Roy Blunt Mailing Address PO Box 50100 City Springfield State MO Zip Code 65805 Purpose of Disbursement Check sent to Dr. Charles McGinty Candidate Name Rep. Roy Blunt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Transaction ID: 9145495 Date of Disbursement 05 / 18 / 2010
	Amount of Each Disbursement this Period 3500.00
	Check sent to Dr. Charles McGinty
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	13500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund</p> <p>Mailing Address 209 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Check sent to Dr. Charles McGinty</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: 9145499 Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 0.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Charles McGinty</p>
<p>B. Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund</p> <p>Mailing Address 209 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Void - Rely on Your Beliefs Fund-incorrect amount</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: 9145503 Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 0.00</p> <p>011 Category/ Type</p> <p>Void - Rely on Your Beliefs Fund-incorrect amount</p>
<p>C. Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund</p> <p>Mailing Address 209 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Check sent to Dr. Charles McGinty</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: 9145504 Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Charles McGinty</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Check sent to campaign</p> <p>Candidate Name Rep. James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145673 Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to campaign</p>
<p>B. Full Name (Last, First, Middle Initial) Richard Burr Committee; The</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement Check sent to the Senators' Classic Committee</p> <p>Candidate Name Sen. Richard M. Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145881 Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to the Senator- s' Classic Committee</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Roy Blunt</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Check sent to the Senators' Classic Committee</p> <p>Candidate Name Rep. Roy Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145883 Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check sent to the Senator- s' Classic Committee</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 Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Coburn for Senate 2010</p> <p>Mailing Address 3300 West Okmulgee P.O. Box 977</p> <p>City Muskogee State OK Zip Code 74401</p> <p>Purpose of Disbursement Check sent to the Senators' Classic Committee</p> <p>Candidate Name Sen. Thomas Coburn</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145884 Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to the Senator- s' Classic Committee</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate</p> <p>Mailing Address P.O. Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Check Sent to Senators' Classic Committee</p> <p>Candidate Name Sen. Mike Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145894 Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check Sent to Senators' Classic Committee</p>
<p>C. Full Name (Last, First, Middle Initial) Grassley Committee, Inc.</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Check Sent to Senators' Classic Committee</p> <p>Candidate Name Sen. Charles Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145895 Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Check Sent to Senators' Classic Committee</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)

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

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

<p>A. Full Name (Last, First, Middle Initial) Hoeven For Senate</p> <p>Mailing Address PO Box 15114</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement Check Sent to Senators' Classic Committee</p> <p>Candidate Name Mr. John Hoeven</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145897 Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check Sent to Senators' Classic Committee</p>
<p>B. Full Name (Last, First, Middle Initial) Georgians For Isakson</p> <p>Mailing Address Post Office Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement Check Sent to Senators' Classic Committee</p> <p>Candidate Name Sen. Johnny Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145898 Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check Sent to Senators' Classic Committee</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of John McCain Inc</p> <p>Mailing Address PO Box 16664</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement Check Sent to Senators' Classic Committee</p> <p>Candidate Name Sen. John S. McCain</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145901 Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check Sent to Senators' Classic Committee</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of John Thune</p> <p>Mailing Address 200 North Phillips Avenue Ste L101</p> <p>City Sioux Falls State SD Zip Code 57104</p> <p>Purpose of Disbursement Check Sent to Senators' Classic Committee</p> <p>Candidate Name Sen. John R. Thune</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145903 Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Check Sent to Senators' Classic Committee</p>
<p>B. Full Name (Last, First, Middle Initial) Barbara Lee For Congress</p> <p>Mailing Address 1736 Franklin Street #550</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement check delivered by Judy Sherman per state contact</p> <p>Candidate Name Rep. Barbara Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145969 Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>check delivered by Judy Sherman per state contact</p>
<p>C. Full Name (Last, First, Middle Initial) Loebsack for Congress</p> <p>Mailing Address 385 E. College Street</p> <p>City Iowa City State IA Zip Code 52240</p> <p>Purpose of Disbursement check sent to campaign per state contact</p> <p>Candidate Name Rep. Dave Loebsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9145970 Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>check sent to campaign per state contact</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Weiner</p> <p>Mailing Address 1 Ascan Avenue Ste 31</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Void - Friends of Weiner-unable to deliver-change in decision to contribute</p> <p>Candidate Name Anthony Weiner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9147775 Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -1500.00</p> <p>011 Category/ Type</p> <p>Void - Friends of Weiner-unable to deliver-change in decision to contribute</p>
<p>B. Full Name (Last, First, Middle Initial) Costello For Congress Committee</p> <p>Mailing Address P. O. Box 8250</p> <p>City Belleville State IL Zip Code 62222</p> <p>Purpose of Disbursement Check sent to Dr. Darryl Beard</p> <p>Candidate Name Rep. Jerry F. Costello</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9147776 Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Darryl Beard</p>
<p>C. Full Name (Last, First, Middle Initial) Bocchieri For Congress</p> <p>Mailing Address 337 Third Street Nw</p> <p>City Canton State OH Zip Code 44702</p> <p>Purpose of Disbursement Check sent to Dr. Ron Stanich</p> <p>Candidate Name Rep. John A. Bocchieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9147777 Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Ron Stanich</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 Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Friends of Frank Wolf</p> <p>Mailing Address P.O. Box 221585</p> <p>City Chantilly State VA Zip Code 20153</p> <p>Purpose of Disbursement Check sent to Dr. H. J. Barrett</p> <p>Candidate Name Frank Wolf</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9147778 Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. H. J. Barrett</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to Reelect Ed Towns</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement Check sent to Dr. James Spencer</p> <p>Candidate Name Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9147779 Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. James Spencer</p>
<p>C. Full Name (Last, First, Middle Initial) Judy Chu For Congress</p> <p>Mailing Address 777 S Figueroa Street Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Check sent to Dr. Gene Sekiguchi</p> <p>Candidate Name Ms. Judy Chu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9150113 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Gene Sekiguchi</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Committee to Reelect Ed Towns</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement Void - Committee to Reelect Ed Towns-incorrect address</p> <p>Candidate Name Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9152010 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p> <p>Void - Committee to Reelect Ed Towns-incorrect address</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Committee to Reelect Ed Towns</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement Check sent to Dr. James Spencer</p> <p>Candidate Name Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9152011 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. James Spencer</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Frank Wolf</p> <p>Mailing Address P.O. Box 221585</p> <p>City Chantilly State VA Zip Code 20153</p> <p>Purpose of Disbursement Void - Committee For Frank R. Wolf-incorrect address</p> <p>Candidate Name Frank Wolf</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9155076 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Committee For Frank R. Wolf-incorrect address</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Frank Wolf</p> <p>Mailing Address P.O. Box 221585</p> <p>City Chantilly State VA Zip Code 20153</p> <p>Purpose of Disbursement Check sent to Dr. H. J. Barrett</p> <p>Candidate Name Frank Wolf</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9155091 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. H. J. Barrett</p>
<p>B. Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address P.O. Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement Check sent to Dr. Robert H. Talley</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9155093 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Check sent to Dr. Robert H. Talley</p>
<p>C. Full Name (Last, First, Middle Initial) Karen Bass For Congress</p> <p>Mailing Address 777 S. Figueroa Street Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Check sent to campaign</p> <p>Candidate Name Ms. Karen Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9156838 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Check sent to campaign</p>

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Denham For Congress	Transaction ID: 9156839 Date of Disbursement 05 / 26 / 2010
	Mailing Address 2150 River Plaza Dr #150	Amount of Each Disbursement this Period -2500.00
	City Sacramento State CA Zip Code 95833	
	Purpose of Disbursement Void - Denham For Congress-check did not reach destination	011 Category/ Type
	Candidate Name Mr. Jeff Denham	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Denham For Congress-check did not reach destination

B.	Full Name (Last, First, Middle Initial) Denham For Congress	Transaction ID: 9156840 Date of Disbursement 05 / 25 / 2010
	Mailing Address 2150 River Plaza Dr #150	Amount of Each Disbursement this Period 5000.00
	City Sacramento State CA Zip Code 95833	
	Purpose of Disbursement Check sent to campaign	011 Category/ Type
	Candidate Name Mr. Jeff Denham	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Check sent to campaign

C.	Full Name (Last, First, Middle Initial) Steve Austria For Congress	Transaction ID: 9156841 Date of Disbursement 05 / 26 / 2010
	Mailing Address 20 S Limestone St Suite 390	Amount of Each Disbursement this Period -2500.00
	City Springfield State OH Zip Code 45502	
	Purpose of Disbursement Void - Steve Austria For Congress-check did not reach destination	011 Category/ Type
	Candidate Name Rep. Steve Austria	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Steve Austria For Congress-check did not reach destination

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Steve Austria For Congress</p> <p>Mailing Address 20 S Limestone St Suite 390</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement check sent to Keith Kerns, Ohio Dental Assoc</p> <p>Candidate Name Rep. Steve Austria</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9156842 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>check sent to Keith Kerns, Ohio Dental Assoc</p>
<p>B. Full Name (Last, First, Middle Initial) Rehberg For Congress</p> <p>Mailing Address PO Box 1597</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Check sent to campaign (per Mary McCue)</p> <p>Candidate Name Rep. Dennis R. Rehberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9159503 Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Check sent to campaign (per Mary McCue)</p>
<p>C. Full Name (Last, First, Middle Initial) Lummis For Congress</p> <p>Mailing Address 2015 Central Ave. Suite 200</p> <p>City Cheyenne State WY Zip Code 82001</p> <p>Purpose of Disbursement Check sent to Dr. John Roussalis</p> <p>Candidate Name Rep. Cynthia M. Lummis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9160964 Date of Disbursement 05 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check sent to Dr. John Roussalis</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

113700.00

**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 35 / 39

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

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement bank fees (include WLC credit card processing)

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 9192803

Date of Disbursement

05 / 31 / 2010

Amount of Each Disbursement this Period

549.36

bank fees (include WLC credit card processing)

SUBTOTAL of Disbursements This Page (optional) ▶

549.36

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

549.36

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Dental Association Political Action Committee	FEC IDENTIFICATION NUMBER C C00000729
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Timbes & Yeager LLC

Mailing Address
605 Bel Air Blvd.
Suite 11

City Mobile	State AL	Zip Code 36606
----------------	-------------	-------------------

Purpose of Expenditure Radio ad for special election primary GA	Category/Type 004
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
B Lee Hawkins

Calendar Year-To-Date Per Election for Office Sought	43778.00
--	----------

Date
05 / 05 / 2010

Amount
43778.00

Transaction ID: 9124082

Office Sought: House State: GA
 Senate District: 09
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-Primary 2010

Full Name (Last, First, Middle, Initial) of Payee
Hinaman & Company, Inc.

Mailing Address
703 Day Lane

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure general consulting	Category/Type 003
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
B Lee Hawkins

Calendar Year-To-Date Per Election for Office Sought	48778.00
--	----------

Date
05 / 06 / 2010

Amount
5000.00

Transaction ID: 9124080

Office Sought: House State: GA
 Senate District: 09
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-Primary 2010

(a) SUBTOTAL of Itemized Independent Expenditures	48778.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr Dennis Zent
Signature

Date 06 / 15 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Dental Association Political Action Committee	FEC IDENTIFICATION NUMBER C C00000729
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Strategic Impact

Mailing Address
1890 Star Shoot Parkway
#17-250

City	State	Zip Code
Lexington	KY	40509

Purpose of Expenditure Direct Mail	Category/ Type	004
---------------------------------------	-------------------	-----

Name of Federal Candidate supported or Opposed by expenditure:
B Lee Hawkins

Calendar Year-To-Date Per Election for Office Sought	77888.30
---	----------

Date
M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Amount
29110.30

Transaction ID: 9124089

Office Sought: House State: GA
 Senate District: 09
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-Primary
2010

Full Name (Last, First, Middle, Initial) of Payee
Strategic Impact

Mailing Address
1890 Star Shoot Parkway
#17-250

City	State	Zip Code
Lexington	KY	40509

Purpose of Expenditure Direct Mail	Category/ Type	004
---------------------------------------	-------------------	-----

Name of Federal Candidate supported or Opposed by expenditure:
B Lee Hawkins

Calendar Year-To-Date Per Election for Office Sought	88621.55
---	----------

Date
M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 1 0

Amount
10733.25

Transaction ID: 9125504

Office Sought: House State: GA
 Senate District: 09
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-Primary
2010

(a) SUBTOTAL of Itemized Independent Expenditures	39843.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr Dennis Zent
Signature

Date M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Dental Association Political Action Committee		FEC IDENTIFICATION NUMBER C C00000729
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee
Conquest Communications Group

Mailing Address
2812 Emerywood Parkway
Suite 103

City Richmond State VA Zip Code 23294-3718

Purpose of Expenditure
telephone calls Category/Type 003

Name of Federal Candidate supported or Opposed by expenditure:
B Lee Hawkins

Calendar Year-To-Date Per Election for Office Sought 90753.62

Date 05 / 13 / 2010

Amount 2132.07

Transaction ID: 9136284

Office Sought: House State: GA
 Senate District: 09
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-Primary 2010

Full Name (Last, First, Middle, Initial) of Payee
Hinaman & Company, Inc.

Mailing Address
703 Day Lane

City Alexandria State VA Zip Code 22314

Purpose of Expenditure
general consulting Category/Type 003

Name of Federal Candidate supported or Opposed by expenditure:
B Lee Hawkins

Calendar Year-To-Date Per Election for Office Sought 95753.62

Date 05 / 13 / 2010

Amount 5000.00

Transaction ID: 9136286

Office Sought: House State: GA
 Senate District: 09
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-Primary 2010

(a) SUBTOTAL of Itemized Independent Expenditures	7132.07
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr Dennis Zent
Signature

Date 06 / 15 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Dental Association Political Action Commi- ttee	FEC IDENTIFICATION NUMBER ▼ C C00000729
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Conquest Communications Group

Mailing Address
2812 Emerywood Parkway
Suite 103

City State Zip Code
Richmond VA 23294-3718

Purpose of Expenditure
turnout calls

Category/
Type **003**

Name of Federal Candidate supported or Opposed by expenditure:
B Lee Hawkins

Calendar Year-To-Date Per Election
for Office Sought **97295.51**

Date
M M / D D / Y Y Y Y
05 / 18 / 2010

Amount
1541.89

Transaction ID: 9145496

Office Sought: House State: GA
 Senate District: 09
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-Primary
2010

Full Name (Last, First, Middle, Initial) of Payee
Public Opinion Strategies

Mailing Address
277 S. Washington Street
Suite 320

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure
opinion poll

Category/
Type **005**

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Michael K. Simpson

Calendar Year-To-Date Per Election
for Office Sought **8000.00**

Date
M M / D D / Y Y Y Y
05 / 18 / 2010

Amount
8000.00

Transaction ID: 9145500

Office Sought: House State: ID
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	9541.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	105295.51

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr Dennis Zent
Signature

Date M M / D D / Y Y Y Y
06 / 15 / 2010