

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Dental Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		419310.99
(b) Cash on Hand at Beginning of Reporting Period.....	623366.67	
(c) Total Receipts (from Line 19)	35374.72	552274.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	658741.39	971585.76
7. Total Disbursements (from Line 31).....	95115.39	407959.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	563626.00	563626.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dental Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5915.00	77465.00
(ii) Unitemized	28672.05	435968.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34587.05	513433.19
(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)	34587.05	513433.19
12. Transfers From Affiliated/Other Party Committees.....	758.63	36212.88
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	29.04	128.70
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35374.72	552274.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35374.72	552274.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1115.39	1935.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1115.39	1935.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	94000.00	406000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	24.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	95115.39	407959.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95115.39	407959.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	34587.05	513433.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34587.05	513433.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1115.39	1935.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1115.39	1935.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr. Bernard Asdell
Full Name (Last, First, Middle Initial)

Mailing Address 707 N Michigan St Ste 300

City	State	Zip Code
South Bend	IN	46601-1070

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

Name of Employer	Occupation
self-employed	Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015

Transaction ID : A93DF262BF78448EA9EC

Amount of Each Receipt this Period
500.00

B. Robert F Binkley Jr
Full Name (Last, First, Middle Initial)

Mailing Address 4406 Tom Greene Rd

City	State	Zip Code
Waxhaw	NC	28173-9264

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

Name of Employer	Occupation
self-employed	Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : AD1F4275856F5400FAE9

Amount of Each Receipt this Period
415.00

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

Mailing Address 21715 Kingsland Boulevard
Suite 105

City	State	Zip Code
Katy	TX	77450-2544

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

Name of Employer	Occupation
self-employed	Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : AFCF5D54C72BF4E2A8B6

Amount of Each Receipt this Period
1000.00

ERMK: Dr Brian Babin For Congress

SUBTOTAL of Receipts This Page (optional).....▶	1915.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Kimberly A Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Drayton Hall
 City Jacksonville State NC Zip Code 28540-4521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : A28675B927016406CA9F
 Amount of Each Receipt this Period
250.00

B. Thomas E Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Drayton Hall
 City Jacksonville State NC Zip Code 28540-4521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : A8F6B3A5AACCE4192824
 Amount of Each Receipt this Period
250.00

C. William Kenneth Morgan Sr
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Drayton Hall
 City Jacksonville State NC Zip Code 28540-4521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : A767BC81B1E7E4CF4B9C
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 9 OF 29
(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. Dr William J Sowter
 Full Name (Last, First, Middle Initial)
 Mailing Address 6600 Koppers Rd
 City Morrisville State NC Zip Code 27560-8625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : A04407AF6C52146A6BCF
 Amount of Each Receipt this Period
 500.00

B. Dr. Joel Julio Vela
 Full Name (Last, First, Middle Initial)
 Mailing Address 6750 West Loop S Suite 795
 City Bellaire State TX Zip Code 77401-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : AEE47BBE6B45A4D4A9FA
 Amount of Each Receipt this Period
 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	5915.00

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

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

FOR LINE NUMBER: PAGE 10 OF 29
(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

Full Name (Last, First, Middle Initial)
A. California Dental PAC

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853-3749

FEC ID number of contributing federal political committee. **C** C00005751

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23652.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2015
Transaction ID : AE97B602407A84C128F3

Amount of Each Receipt this Period
758.63

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	758.63
TOTAL This Period (last page this line number only).....▶	758.63

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement
service charges/credit card fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2015

Transaction ID : BEFEEAD5C7AF84BAF8A2

Amount of Each Disbursement this Period

1115.39

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

1115.39

1115.39

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Alaskans For Don Young Inc.

Mailing Address 2504 Fairbanks Street

City Anchorage State AK Zip Code 99503-2822

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Don Young

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

Transaction ID : B05B96BD07FFE4BC6ABA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bill Flores For Congress

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Bill H. Flores

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

Transaction ID : BB008C96C598D409A936

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Mailing Address 400 N Capitol Street., NW
Ste 585

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : B2E5A5140AB2942BC933

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. BRETPAC

Mailing Address 499 South Capitol St., SW Suite 42

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2015

Transaction ID : B8269F41DC1704D8EB64

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Butterfield For Congress

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894-2571

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name

Rep. G.K. Butterfield Jr.

Office Sought: House Senate President

State: NC District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : B17F743992D83416AABE

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. Butterfield For Congress

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894-2571

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. G.K. Butterfield Jr.

Office Sought: House Senate President

State: NC District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : BB0FDC32478124690B2C

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Tom J. Cole

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

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

Transaction ID : **BE1FD69893E9C498F845**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Conaway For Congress

Mailing Address PO Box 51272

City Midland State TX Zip Code 79710

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Mike Conaway

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	5

Transaction ID : **B7F1578738A584BA8B72**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. David Vitter For Us Senate

Mailing Address 2900 Clearview Pkwy
Suite 206

City Metairie State LA Zip Code 70006

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. David B. Vitter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	5

Transaction ID : **B790EBB90357B45478EA**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

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

8	5	0	0	0	0
---	---	---	---	---	---

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

8	5	0	0	0	0
---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. David Vitter For Us Senate

Mailing Address 2900 Clearview Pkwy
Suite 206

City Metairie State LA Zip Code 70006

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name
Sen. David B. Vitter

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: LA District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : BC54AF6DF4D944C188F8

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. Diana DeGette for Congress, Inc

Mailing Address 770 Grant Street, #238

City Denver State CO Zip Code 80203

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Diana L. DeGette

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CO District: 01

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : B09CD23AC8D2B441BB1E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Brian Babin For Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979-0159

Purpose of Disbursement
ERMK 'Charles McGinty'

Candidate Name
Rep. Brian Babin

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼ OTHER
State: TX District: 36

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2015

Transaction ID : B67462381EC7641FD8B7

Amount of Each Disbursement this Period

1000.00

ERMK 'Charles McGinty'. transmitted by check/EFT

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

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

-3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Dr Brian Babin For Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979-0159

Purpose of Disbursement
ERMK 'Thomas Harrison'

Candidate Name

Rep. Brian Babin

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **OTHER**

State: TX District: 36

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2015

Transaction ID : BFCB0E9A46D3747ADA41

Amount of Each Disbursement this Period

1000.00

ERMK 'Thomas Harrison'. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

B. Dr Brian Babin For Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979-0159

Purpose of Disbursement
ERMK 'Dean Hutto'

Candidate Name

Rep. Brian Babin

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **OTHER**

State: TX District: 36

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : B6A5D33D6E98F4161829

Amount of Each Disbursement this Period

1000.00

ERMK 'Dean Hutto'. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

C. Families For James Lankford

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. James P. Lankford

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **OTHER**

State: OK District:

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2015

Transaction ID : BCCFDC78ECA5043EC8B

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Joe R. Pitts

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 16

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B547099DA0BD2455C8E9

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa DeLauro

Mailing Address 129 Church St, Ste 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CT District: 03

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : BC31A9626C78949A4A49

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GLENN GROTHMAN FOR CONGRESS

Mailing Address PO BOX 1215

City FOND DU LAC State WI Zip Code 54964

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Glenn S. Grothman

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WI District: 06

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B2CFAAC32E556456AA96

Amount of Each Disbursement this Period

1500.00

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Brett Guthrie

Office Sought: House Senate President

State: KY District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2015

Transaction ID : B2F128D4626BA4FA68A0

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Hal Rogers

Office Sought: House Senate President

State: KY District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : B23A883BC76ED4FFFB20

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Jeff D. Duncan

Office Sought: House Senate President

State: SC District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B9380C2E4C11A4BF68C8

Amount of Each Disbursement this Period

2000.00

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

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. Jeff Miller For Congress

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Jeff B. Miller

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	5

Transaction ID : **BF3694597EF004238A0D**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. JODY HICE FOR CONGRESS

Mailing Address PO BOX 681

City Bethlehem State GA Zip Code 30620-0681

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Jody B. Hice

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	5

Transaction ID : **B1DCE83B8FDC1405A9E6**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. KELLY FOR CONGRESS

Mailing Address 5221-A CLIFF GOOKIN BLVD

City Tupelo State MS Zip Code 38801-6781

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼
State: District: Special2015

Date of Disbursement

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

Transaction ID : **B9F25FAA903D04434B57**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	1	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Ron J. Kind

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2015

Transaction ID : **BF3593AD174D84E2695D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285-5879

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Kyrsten Sinema

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : **BE5952D10B2AA462EB20**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City PEORIA State IL Zip Code 61612-0735

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Darin Mckay Lahood

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼
State: IL District: 18 Special2015

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2015

Transaction ID : **B3EFEC64DF16B49259C7**

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Other2015**

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : **B4C16DCA688EC45D0904**

Amount of Each Disbursement this Period

5000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. Louisiana Reform PAC

Mailing Address PO Box 8175

City State Zip Code
Metairie LA 70011-8175

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Other2015**

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : **B99DDDEF739DF4646BA8**

Amount of Each Disbursement this Period

5000.00

Category/Type

Full Name (Last, First, Middle Initial)

C. Marino For Congress

Mailing Address PO Box 653

City State Zip Code
Williamsport PA 17703

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Tom A. Marino

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Other2016**

State: PA District: 10

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : **BBE20318AAF474DA8891**

Amount of Each Disbursement this Period

1000.00

Category/Type

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Michael C. Burgess

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	5

Transaction ID : BA2A408E5147048D3BA9

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Mike Bishop For Congress

Mailing Address PO Box 1148

City State Zip Code
Brighton MI 48116

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Michael D. Bishop

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	5

Transaction ID : BF2996C2C4A0A4C1A909

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City State Zip Code
Sacramento CA 95841

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Mike Thompson

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B40F205D23CA94257BF7

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Olson For Congress Committee

Mailing Address PO Box 16381

City State Zip Code
Sugar Land TX 77496

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Pete G. Olson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2015

Transaction ID : B3B8ADB892EE5447A957

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Aguilar For Congress

Mailing Address PO Box 10954

City State Zip Code
San Bernadino CA 92423

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Peter Aguilar

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : BEF3CA3CE13874371B2C

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City State Zip Code
Roswell GA 30077

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Tom E. Price

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B0774B3E971494D46867

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Re-Elect Mcgovern Committee

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Jim P. McGovern

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	8		2	0	1	5		

Transaction ID : **B434E249138F646D8A86**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Richard Hanna For Congress Committee

Mailing Address PO Box 118

City Utica State NY Zip Code 13503

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Richard L. Hanna

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	8		2	0	1	5		

Transaction ID : **BA72A632E6D7446EA80D**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Ted Lieu For Congress

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Ted W. Lieu

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	9		2	0	1	5		

Transaction ID : **BACCAA602C2F949CD844**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Pat J. Tiberi

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : **BFBD889B0E63A4A3CABC**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Valadao For Congress

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. David G. Valadao

Office Sought: House
 Senate
 President
State: CA District: 21

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : **B51D34B35AB52469081F**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Walters For Congress

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Mimi Walters

Office Sought: House
 Senate
 President
State: CA District: 45

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2015

Transaction ID : **BCFF761F2CDFC4DE39EA**

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Walters For Congress

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name
Rep. Mimi Walters

Office Sought: House
 Senate
 President
State: CA District: 45

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : **BF0307C9DBA42468FAB0**

Amount of Each Disbursement this Period

Amount: -1000.00

Full Name (Last, First, Middle Initial)

B. Walters For Congress

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Mimi Walters

Office Sought: House
 Senate
 President
State: CA District: 45

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : **B99772DD5CDB6400CACD**

Amount of Each Disbursement this Period

Amount: 1000.00

Full Name (Last, First, Middle Initial)

C. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Brad R. Wenstrup

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : **BAE6BACCD422743C6B47**

Amount of Each Disbursement this Period

Amount: 1000.00

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

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

Amount: 1000.00

Amount: 1000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Yoder For Congress, Inc

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Kevin W. Yoder

Office Sought: House
 Senate
 President
State: KS District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : B24742454A25A4484BA3

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

1000.00

94000.00