

ADPAC

11th Floor

1111 14th Street, N.W.

Washington, D.C. 20005

RECEIVED
FEDERAL ELECTION COMMISSION
202 898-2424
SUBMISSION MAIL ROOM

FEB 2 9 43 AM '98

*American Dental
Political Action Committee*

January 30, 1998

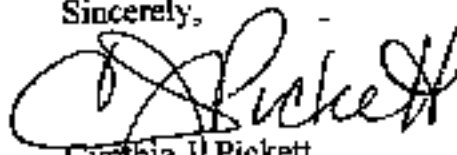
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir/Madam:

Please find enclosed our Committee's (I.D. #C00000729) **Year-End Report** covering the period of **December 1-31, 1997**. Also, please note that our line 12 amounts are reflective of receipts from various states, which act as our collecting agents for membership contributions. In order to track these receipts on our software, we must post them on line 12 so that the amount will be able to exceed \$200. Although we "treat" the states as individuals for our software purposes, these contributions still fall within FEC guidelines.

Thus, the software automatically produces schedules to justify the amount on line 12. Our Committee understands that these schedules are not necessary and that the amounts can be listed as itemized contributions on line 11a. But for our software purposes and in order to keep generating our reports by computer--it is much simpler to continue reporting in this manner, as long as it is within FEC guidelines. Thank you for your cooperation and assistance.

Sincerely,


Cynthia J. Pickett
Manager, ADPAC

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 29 4 30 AM '98

1. NAME OF COMMITTEE (in full) American Dental Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1111 14th Street, NW Suite 1100	2. FEC IDENTIFICATION NUMBER C00000729
CITY, STATE and ZIP CODE Washington, DC 20005	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 16 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on
_____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>12/01/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 29,090.98
(b) Cash on Hand at Beginning of Reporting Period	\$ 297,569.85	
(c) Total Receipts (from line 19)	\$ 58,359.87	\$ 749,463.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 355,928.92	\$ 778,554.71
7. Total Disbursements (from Line 30)	\$ 43,083.48	\$ 465,709.27
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 312,845.44	\$ 312,845.44
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	

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
Francis X. McLaughlin, Jr., Assistant Treasurer

Signature of Treasurer: *Francis X. McLaughlin, Jr.* Date: **Jan 30, 1998**

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

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
American Dental Political Action Committee	FROM: 12/01/97	TO: 12/31/97
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	0.00	0.00
ii. Unitemized.....	0.00	0.00
iii. Total.....(add i and ii) >	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add all, b and c) >	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	57,077.63	736,640.96
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	288.84
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2,500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1,281.44	10,033.93
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	58,359.07	749,463.73
20. Total Federal Receipts.....(subtract line 18 from line 19) >	58,359.07	749,463.73
II. Disbursements		
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.....	441.48	2,021.92
c. Total Operating Expenditures.....(Add a i, ii, and b) >	441.48	2,021.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32,223.00	448,918.35
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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. Individual/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 a, b, and c) >	0.00	0.00
29. Other Disbursements.....	10,419.00	14,769.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	43,083.48	465,709.27
31. Total Federal Disbursements.....(Subtract line 21 a ii from line 30) >	43,083.48	465,709.27
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	0.00	0.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	0.00	0.00
35. Total Federal Operating Expenditures.....(add 21 a i and 21 b) >	441.48	2,021.92
36. Offsets to Operating Expenditures (from line 15).....	0.00	288.84
37. Net Operating Expenditures.....(subtract line 36 from 35) >	441.48	1,733.08

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 13
FOR LINE NUMBER 12

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code</p> <p>505 5th Avenue Suite 333 Des Moines, 50309-2379</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Iowa Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/05/97</p>	<p>Amount of Each Receipt this Period 875.00</p>
<p>Aggregate Year-to-date > \$ 7,100.00</p>			
<p>B. Full Name, Mailing Address and Zip Code</p> <p>PO Box 1707 Jefferson City, 65102-1707</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Missouri Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/05/97</p>	<p>Amount of Each Receipt this Period 850.00</p>
<p>Aggregate Year-to-date > \$ 9,025.00</p>			
<p>C. Full Name, Mailing Address and Zip Code</p> <p>62 Russ Street Hartford, 06106</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Connecticut Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/05/97</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>Aggregate Year-to-date > \$ 8,900.00</p>			
<p>D. Full Name, Mailing Address and Zip Code</p> <p>PO Box 6906 Richmond, 23230</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Virginia Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/05/97</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>Aggregate Year-to-date > \$ 20,645.00</p>			
<p>E. Full Name, Mailing Address and Zip Code</p> <p>1111 E. Tennessee Street Suite 102 Tallahassee, 32308-6914</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Florida Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/05/97</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>Aggregate Year-to-date > \$ 23,410.75</p>			
<p>F. Full Name, Mailing Address and Zip Code</p> <p>120 Stonemark Lane Columbia, 29210</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer South Carolina Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/05/97</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>Aggregate Year-to-date > \$ 11,050.00</p>			
<p>G. Full Name, Mailing Address and Zip Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48933</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/05/97</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>Aggregate Year-to-date > \$ 32,985.00</p>			
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>4,375.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 13
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code 1220 West Hays Street Boise, 83702</p>	<p>Name of Employer Idaho Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,150.05</p>		
<p>B. Full Name, Mailing Address and Zip Code PO Box 215 Manchester, 04351</p>	<p>Name of Employer Maine Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 1,875.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 7,350.00</p>		
<p>C. Full Name, Mailing Address and Zip Code PO Box 3341 Harrisburg, 17105</p>	<p>Name of Employer Pennsylvania Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 550.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 23,099.75</p>		
<p>D. Full Name, Mailing Address and Zip Code PO Box 3358 Austin, 78764</p>	<p>Name of Employer Texas Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 15,963.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 46,063.50</p>		
<p>E. Full Name, Mailing Address and Zip Code 132 Church Street Burlington, 05401</p>	<p>Name of Employer Vermont Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 1,350.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 3,270.00</p>		
<p>F. Full Name, Mailing Address and Zip Code 2033 6th Avenue Suite 333 Seattle, 98121</p>	<p>Name of Employer Washington Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 204.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 13,449.00</p>		
<p>G. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 15,397.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>20,367.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **13**
FOR LINE NUMBER **12**

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

<p>A. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 15,497.00</p>		
<p>B. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 15,597.00</p>		
<p>C. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 15,697.00</p>		
<p>D. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 15,797.00</p>		
<p>E. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 15,897.00</p>		
<p>F. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 15,922.00</p>		
<p>G. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/12/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 16,022.00</p>		

SUB TOTAL of Receipts This Page (Optional).....> **625.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in full)
 American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	16,123.00
B. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	16,222.00
C. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	16,322.00
D. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	16,422.00
E. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	16,522.00
F. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	16,622.00
G. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	16,722.00
SUB TOTAL of Receipts This Page (Optional).....>				700.00
TOTAL this Period (Last page this line number only).....>				

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 13
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in full)
American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 16,922.00	
B. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 16,922.00	
C. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 17,022.00	
D. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 17,122.00	
E. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 17,222.00	
F. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 17,322.00	
G. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 17,422.00	
SUB TOTAL of Receipts This Page (Optional).....>				700.00
TOTAL this Period (Last page this line number only).....>				

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 13

FOR LINE NUMBER 12

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

A. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/12/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 17,522.00	
B. Full Name, Mailing Address and Zip Code 1111 E. Tennessee Street Suite 102 Tallahassee, 32308-6914		Name of Employer Florida Dental PAC	Date (Month day, Year) 12/19/97	Amount of Each Receipt this Period 4,868.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 28,278.75	
C. Full Name, Mailing Address and Zip Code 2801 Buford Highway Suite T60 Atlanta, 30329-2137		Name of Employer Georgia Dental PAC	Date (Month day, Year) 12/19/97	Amount of Each Receipt this Period 2,325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 20,150.00	
D. Full Name, Mailing Address and Zip Code PO Box 376 1010 S. 2nd St. (zip-62704) Springfield, 62705		Name of Employer Illinois Dental PAC	Date (Month day, Year) 12/19/97	Amount of Each Receipt this Period 2,300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 30,580.00	
E. Full Name, Mailing Address and Zip Code 505 5th Avenue Suite 333 Des Moines, 50309-2379		Name of Employer Iowa Dental PAC	Date (Month day, Year) 12/19/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 7,200.00	
F. Full Name, Mailing Address and Zip Code One Dental Plaza North Brunswick, 08902-4311		Name of Employer New Jersey Dental PAC	Date (Month day, Year) 12/19/97	Amount of Each Receipt this Period 115.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 28,771.50	
G. Full Name, Mailing Address and Zip Code PO Box 3341 Harrisburg, 17105		Name of Employer Pennsylvania Dental PAC	Date (Month day, Year) 12/19/97	Amount of Each Receipt this Period 942.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 24,042.00	
SUB TOTAL of Receipts This Page (Optional)>				10,750.25
TOTAL this Period (Last page this line number only)>				

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in full)
American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code PO Box 3341 Harrisburg, 17105		Name of Employer Pennsylvania Dental PAC	Date (Month day, Year) 12/19/97	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 14,117.00	
B. Full Name, Mailing Address and Zip Code 2501 Crestwood Drive Suite 205 North Little Rock, AR 72116		Name of Employer Arkansas Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 3,400.00	
C. Full Name, Mailing Address and Zip Code 62 Russ Street Hartford, 06106		Name of Employer Connecticut Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 8,925.00	
D. Full Name, Mailing Address and Zip Code PO Box 2467 Indianapolis, 46206-2467		Name of Employer Indiana Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 11,785.00	
E. Full Name, Mailing Address and Zip Code 505 5th Avenue Suite 333 Des Moines, 50309-2379		Name of Employer Iowa Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 1,025.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 8,225.00	
F. Full Name, Mailing Address and Zip Code 5200 S.W. Hutton Street Topeka, 66604		Name of Employer Kansas Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 11,975.00	
G. Full Name, Mailing Address and Zip Code 83 Speen Street Natick, 01760		Name of Employer Massachusetts Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 3,008.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 18,487.16	
SUB TOTAL of Receipts This Page (Optional)				6,508.68
TOTAL this Period (Last page this line number only)				

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code 83 Speen Street Natick, 01760</p>	<p>Name of Employer Massachusetts Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 993.70</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 19,480.86</p>		
<p>B. Full Name, Mailing Address and Zip Code PO Box 1707 Jefferson City, 65102-1707</p>	<p>Name of Employer Missouri Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 2,300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 11,325.00</p>		
<p>C. Full Name, Mailing Address and Zip Code PO Box 1707 Jefferson City, 65102-1707</p>	<p>Name of Employer Missouri Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 11,350.00</p>		
<p>D. Full Name, Mailing Address and Zip Code 7 Elk Street Albany, 12207</p>	<p>Name of Employer New York State Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 105.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 53,485.00</p>		
<p>E. Full Name, Mailing Address and Zip Code 629 W. Interstate 44 Sec. Rd. Oklahoma City, 73118</p>	<p>Name of Employer Oklahoma Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,275.00</p>		
<p>F. Full Name, Mailing Address and Zip Code 17898 SW McEwan Road Portland, 97224-7798</p>	<p>Name of Employer Oregon Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 1,950.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 9,750.00</p>		
<p>G. Full Name, Mailing Address and Zip Code PO Box 3341 Harrisburg, 17105</p>	<p>Name of Employer Pennsylvania Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 24,367.00</p>		

SUB TOTAL of Receipts This Page (Optional)..... > **5,698.70**

TOTAL this Period (Last page this line number only)..... >

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code</p> <p>PO Box 3358 Austin, 78764</p>	<p>Name of Employer Texas Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 46,088.50</p>		
<p>B. Full Name, Mailing Address and Zip Code</p> <p>2033 6th Avenue Suite 333 Seattle, 98121</p>	<p>Name of Employer Washington Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 4,978.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 18,427.00</p>		
<p>C. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 17,622.00</p>		
<p>D. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 17,722.00</p>		
<p>E. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 17,822.00</p>		
<p>F. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 17,922.00</p>		
<p>G. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 18,022.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>5,503.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in full)
American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 18,122.00
B. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 18,222.00
C. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 18,322.00
D. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 18,347.00
E. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 18,447.00
F. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 18,547.00
G. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 18,647.00
SUB TOTAL of Receipts This Page (Optional)>				625.00
TOTAL this Period (Last page this line number only)>				

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
 American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 18,747.00
B. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 18,847.00
C. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 18,947.00
D. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 19,047.00
E. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 19,147.00
F. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 19,172.00
G. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation		Aggregate Year-to-date > \$ 19,197.00
SUB TOTAL of Receipts This Page (Optional).....>				550.00
TOTAL this Period (Last page this line number only).....>				

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 19,222.00	
B. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 19,247.00	
C. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 19,272.00	
D. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 19,372.00	
E. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 19,472.00	
F. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 19,572.00	
G. Full Name, Mailing Address and Zip Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811		Name of Employer Wisconsin Dental PAC	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 19,672.00	
SUB TOTAL of Receipts This Page (Optional)>				475.00
TOTAL this Period (Last page this line number only)>				

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
American Dental Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 19,772.00</p>		
<p>B. Full Name, Mailing Address and Zip Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Occupation</p>	<p>Date (Month day, Year) 12/31/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 19,872.00</p>		
<p>C. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$</p>		
<p>D. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$</p>		
<p>E. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$</p>		
<p>F. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$</p>		
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$</p>		

SUB TOTAL of Receipts This Page (Optional)> **200.00**

TOTAL this Period (Last page this line number only)> **57,077.63**

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code , DC		Name of Employer Crestar Hard Dollar Acct Occupation	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 35.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 1,280.12		
B. Full Name, Mailing Address and Zip Code , NJ		Name of Employer Dreyfus Hard Dollar Acct Occupation	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 1,121.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 6,885.33		
C. Full Name, Mailing Address and Zip Code , MD		Name of Employer Melton Hard Dollar Acct Occupation	Date (Month day, Year) 12/31/97	Amount of Each Receipt this Period 124.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 1,868.48		
D. Full Name, Mailing Address and Zip Code 		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code 		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code 		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code 		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional)>				1,281.44
TOTAL this Period (Last page this line number only)>				1,281.44

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Mellon Hard Dollar Account MD	service charge, check supply order Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	12/31/97	441.48
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	441.48
TOTAL this Period (Last page this line number only).....>	441.48

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
The Terrace Group, Inc. 201 N. Union Street Suite 410 Alexandria, VA 22314	benchmark survey-Charlie Norwood Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/01/97	3,473.00 (In-Kind)
Norwood for Congress 3643 Walton Way Extension Augusta, GA 30909	benchmark survey-Charlie Norwood Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/01/97	3,473.00 (Memo In-Kind)
Friends of Jim Saxton PO Box 795 Mount Holly, NJ 08060-9943	H. James Saxton, U.S. HOUSE 3rd NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/03/97	1,000.00
Committee for Alfonse M. D'Amato , NY	Alfonse M. D'Amato, U.S. SENATE NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/03/97	2,000.00
POSHARD FOR CONGRESS 1601 EUGENE LANE MARION, IL 62959	Voided Check-no PAC \$ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/05/97	-1,000.00
VAN HILLEARY FOR CONGRESS PO BOX 1136 SPRING CITY, TN 37381	Voided Check-no PAC \$ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/09/97	-1,500.00
FRIENDS OF ZACH WAMP 2044 MARINA COVE DRIVE HEXSON, TN 37343	Voided Check-no PAC \$ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/09/97	-1,500.00
Friends of Paul McHale .	Voided Check-no longer a candidate Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/09/97	-1,000.00
Bill McCollum for Congress 600 Thistlewood Court Longwood, FL 32779	Bill McCollum, U.S. HOUSE 8th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/11/97	1,500.00

SUB TOTAL of Disbursements this page (Optional).....> **2,973.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in full)
American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code Committee for Jim McGovern MA	Purpose of Disbursement Jim McGovern, U.S. HOUSE 3rd MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 12/11/97	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Committee for Thomas J. Bliley VA	Purpose of Disbursement Thomas J. Bliley, U.S. HOUSE 7th VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 12/11/97	Amount of Each Disb. this Period 750.00
C. Full Name, Mailing Address and Zip Code Friends of Farr CA	Purpose of Disbursement Sam Farr, U.S. HOUSE 17th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 12/15/97	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Committee for Zoe Lofgren CA	Purpose of Disbursement Zoe Lofgren, U.S. HOUSE 16th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 12/15/97	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Baswell for Congress 	Purpose of Disbursement Leonard L. Baswell, U.S. HOUSE 3rd IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 12/15/97	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Republican National Committee 310 First Street S.E. Washington, DC 20003	Purpose of Disbursement 1997 membership dues Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 12/15/97	Amount of Each Disb. this Period 15,000.00
G. Full Name, Mailing Address and Zip Code Committee for Wayne T. Gilchrest MD	Purpose of Disbursement Voided Check-no PAC \$ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 12/15/97	Amount of Each Disb. this Period -1,000.00
H. Full Name, Mailing Address and Zip Code Phelps for Congress 35 Dewey Road Eldorado, IL 62930	Purpose of Disbursement David Phelps, U.S. HOUSE 19th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 12/17/97	Amount of Each Disb. this Period 1,500.00
I. Full Name, Mailing Address and Zip Code Julia Carson for Congress Committee 1 North Capital Ave, Ste. 211 Indianapolis, IN 46204	Purpose of Disbursement Julia Carson, U.S. HOUSE 10th IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 12/17/97	Amount of Each Disb. this Period 1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	21,250.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Citizens for Ron Klink PA	Ron Klink, U.S. HOUSE 4th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/19/97	1,000.00
Friends to Elect Scott Ferguson U.S. Senate 200 South Rhodes Suite B West Memphis, AR 72301	Scott Ferguson, U.S. SENATE AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/22/97	3,000.00
Vito Fossella for Congress	Vito Fossella, U.S. HOUSE 13th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/22/97	1,000.00
Stenholm for Congress Comm.	Charles W. Stenholm, U.S. HOUSE 17th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/22/97	2,000.00
Sherrman for Congress	Brad Sherrman, U.S. HOUSE 24th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/31/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	8,000.00
TOTAL this Period (Last page this line number only).....>	32,233.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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1	1
FOR LINE NUMBER	
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NAME OF COMMITTEE (in Full)
 American Dental Political Action Committee

A. Full Name, Mailing Address and Zip Code The Tarrance Group, Inc. 201 N. Union Street Suite 410 Alexandria, VA 22314	Purpose of Disbursement benchmark survey fees-Charlie Norwood Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 12/01/97	Amount of Each Disb. this Period 10,419.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> **10,419.00**

TOTAL this Period (Last page this line number only).....> **10,419.00**

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>2/2/98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>RBN</i> PREPARER	<i>2/2/98</i> DATE PREPARED