

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
Oct 20 10 30 AM '98

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

4. TYPE OF REPORT

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

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
5. Covering Period <u>09/01/98</u> through <u>09/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 312,845.44
(b) Cash on Hand at Beginning of Reporting Period	\$ 384,296.63	
(c) Total Receipts (from line 19)	\$ 11,877.75	\$ 516,332.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 396,174.38	\$ 829,178.15
7. Total Disbursements (from Line 30)	\$ 89,501.09	\$ 522,504.86
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 306,673.29	\$ 306,673.29
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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: 10/14/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 3437g.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

Revised (11/1/91)

NAME OF COMMITTEE American Dental Political Action Committee		REPORT COVERING PERIOD	
		FROM: 09/01/98	TO: 09/30/98
		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.....		10,735.25	504,305.54
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....		1,142.50	12,027.17
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) >		11,877.75	516,332.71
20. Total Federal Receipts..... (subtract line 18 from line 19) >		11,877.75	516,332.71
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.....		10,048.75	10,800.52
c. Total Operating Expenditures..... (Add a, ii, and b) >		10,048.75	10,800.52
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		79,452.34	508,804.34
24. Independent Expenditures (see Schedule E).....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see 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.....		0.00	2,900.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		89,501.09	522,504.86
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >		89,501.09	522,504.86
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 ai and 21 b) >		10,048.75	10,800.52
36. Offsets to Operating Expenditures (from line 15).....		0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >		10,048.75	10,800.52

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 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 211 East Chicago Avenue Chicago, IL 60611	Name of Employer American Student Dental Association	Date (Month day, Year) 09/15/98	Amount of Each Receipt this Period 5.00
	Occupation _____	Aggregate Year-to-date > \$ 5.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____			
B. Full Name, Mailing Address and Zip Code 211 East Chicago Avenue Chicago, IL 60611	Name of Employer American Student Dental Association	Date (Month day, Year) 09/15/98	Amount of Each Receipt this Period 25.00
	Occupation _____	Aggregate Year-to-date > \$ 30.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____			
C. Full Name, Mailing Address and Zip Code 211 East Chicago Avenue Chicago, IL 60611	Name of Employer American Student Dental Association	Date (Month day, Year) 09/15/98	Amount of Each Receipt this Period 5.00
	Occupation _____	Aggregate Year-to-date > \$ 35.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____			
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) 09/15/98	Amount of Each Receipt this Period 100.00
	Occupation _____	Aggregate Year-to-date > \$ 5,500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____			
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) 09/15/98	Amount of Each Receipt this Period 100.00
	Occupation _____	Aggregate Year-to-date > \$ 5,600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____			
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) 09/15/98	Amount of Each Receipt this Period 100.00
	Occupation _____	Aggregate Year-to-date > \$ 5,700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____			
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) 09/15/98	Amount of Each Receipt this Period 100.00
	Occupation _____	Aggregate Year-to-date > \$ 5,800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____			

SUB TOTAL of Receipts This Page (Optional) > **435.00**

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 1940 Princeton Drive Louisville, 40205		Name of Employer Kentucky Dental PAC	Date (Month day, Year) 09/15/98	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 > \$ 2,675.00	
B. Full Name, Mailing Address and Zip Code PO Box 3341 Harrisburg, 17105		Name of Employer Pennsylvania Dental PAC	Date (Month day, Year) 09/15/98	Amount of Each Receipt this Period 447.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 10,571.25	
C. Full Name, Mailing Address and Zip Code 3305 Arctic Blvd. Suite 102 Anchorage, 99503-4975		Name of Employer Alaska Dental PAC	Date (Month day, Year) 09/15/98	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 50.00	
D. Full Name, Mailing Address and Zip Code 502 C Street, N.E. Washington, 20001-5810		Name of Employer District of Columbia Dental PAC	Date (Month day, Year) 09/15/98	Amount of Each Receipt this Period 3,350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 3,350.00	
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) 09/15/98	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 > \$ 5,900.00	
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) 09/15/98	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 > \$ 6,000.00	
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) 09/15/98	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 > \$ 6,100.00	

SUB TOTAL of Receipts This Page (Optional).....> 4,247.50

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) 09/15/98	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-date > \$ 6,200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
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) 09/15/98	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-date > \$ 6,300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
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) 09/15/98	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-date > \$ 6,400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code PO Box 120188 Nashville, 37212	Name of Employer Tennessee Dental PAC	Date (Month day, Year) 09/15/98	Amount of Each Receipt this Period 125.00
	Occupation	Aggregate Year-to-date > \$ 17,840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code PO Box 6906 Richmond, 23230	Name of Employer Virginia Dental PAC	Date (Month day, Year) 09/15/98	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-date > \$ 16,600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code 230 Washington Square, North Suite 208 Lansing, 48933	Name of Employer Michigan Dental PAC	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 50.00
	Occupation	Aggregate Year-to-date > \$ 24,280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code 7 Elk Street Albany, 12207	Name of Employer New York State Dental PAC	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 3,075.00
	Occupation	Aggregate Year-to-date > \$ 46,110.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> 3,650.00

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 4 OF 6
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 PO Box 3341 Harrisburg, 17105		Name of Employer Pennsylvania Dental PAC	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 10,841.25	
B. Full Name, Mailing Address and Zip Code 83 Speen Street Natick, 01760		Name of Employer Massachusetts Dental PAC	Date (Month day, Year) 09/30/98	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 > \$ 5,402.38	
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) 09/30/98	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 > \$ 6,500.00	
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) 09/30/98	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 > \$ 6,600.00	
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) 09/30/98	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 > \$ 6,700.00	
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) 09/30/98	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 > \$ 6,800.00	
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) 09/30/98	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 > \$ 6,900.00	
SUB TOTAL of Receipts This Page (Optional)>				795.00
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 One Dental Plaza North Brunswick, 08902-4311		Name of Employer New Jersey Dental PAC	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 24,172.00		
B. Full Name, Mailing Address and Zip Code 17898 SW McEwan Road Portland, 97224-7798		Name of Employer Oregon Dental PAC	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 6,000.00		
C. Full Name, Mailing Address and Zip Code 1220 West Hays Street Boise, 83702		Name of Employer Idaho Dental PAC	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 6,375.00		
D. Full Name, Mailing Address and Zip Code 1111 E. Tennessee Street Suite 102 Tallahassee, FL 32308-6914		Name of Employer Florida Dental PAC	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 18,190.36		
E. Full Name, Mailing Address and Zip Code 1151 East 3900 South Suite B-160 Salt Lake City, 84124		Name of Employer Utah Dental PAC	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 3,000.00		
F. Full Name, Mailing Address and Zip Code PO Box 6906 Richmond, 23236		Name of Employer Virginia Dental PAC	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 16,775.00		
G. Full Name, Mailing Address and Zip Code PO Box 3341 Harrisburg, 17105		Name of Employer Pennsylvania Dental PAC	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 657.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 11,499.00		
SUB TOTAL of Receipts This Page (Optional)>				1,432.75
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

<p>A. 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) 09/30/98</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 > \$ 3,275.00</p>		
<p>B. 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) 09/30/98</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 > \$ 1,560.00</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).....> **175.00**

TOTAL this Period (Last page this line number only).....> **10,735.25**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
17	

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

A. Full Name, Mailing Address and Zip Code Dreyfus Hard Dollar Acct , NJ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 955.20
Aggregate Year-to-date > \$ 10,018.00			
B. Full Name, Mailing Address and Zip Code Crestar Hard Dollar Acct , DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 27.80
Aggregate Year-to-date > \$ 1,043.19			
C. Full Name, Mailing Address and Zip Code Mellon Hard Dollar Acct , MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year) 09/30/98	Amount of Each Receipt this Period 159.50
Aggregate Year-to-date > \$ 965.98			
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			

SUB TOTAL of Receipts This Page (Optional).....>	1,142.50
TOTAL this Period (Last page this line number only).....>	1,142.50

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

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
MELLON HARD DOLLAR ACCOUNT MD	service charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/02/98	12.00
B. Full Name, Mailing Address and Zip Code THE TARRANCE GROUP, INC. 201 N. Union Street Suite 410 Alexandria, VA 22314	purpose of Disbursement voter attitude survey-Iowa 4 (Ganske) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/16/98	9,995.00
C. Full Name, Mailing Address and Zip Code MELLON HARD DOLLAR ACCOUNT MD	purpose of Disbursement service charges-credit cards Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/16/98	41.75
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)..... > 10,048.75

TOTAL this Period (Last page this line number only)..... > 10,048.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 10
FOR LINE NUMBER 23

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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
BILL JENKINS FOR CONGRESS 107 E. Main Street Room 321 Rogersville, TN 37857	Bill Jenkins, U.S. HOUSE 1st TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/01/98	1,000.00
WALDEN FOR CONGRESS P.O. Box 1091 Hood River, OR 97030	Greg Walden, U.S. HOUSE 2nd OR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/01/98	1,000.00
DAVE WU FOR CONGRESS 921 SW Morrison Suite 208A Portland, OR 97205	David Wu, U.S. HOUSE 1st OR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/01/98	1,000.00
COMMITTEE TO ELECT GLENN REESE TO CONGRESS 117 Sunvalley Drive Boiling Springs, SC 29316	Glenn Reese, U.S. HOUSE 4th SC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/01/98	1,000.00
ED BRYANT FOR CONGRESS PO Box 1961 Cordova, TN 38018	Ed Bryant, U.S. HOUSE 7th TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/02/98	1,000.00
JIM DAVIS FOR CONGRESS 209 Blanca Avenue Tampa, FL 33606	Jim Davis, U.S. HOUSE 11th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/03/98	1,000.00
CAPUANO FOR CONGRESS 219 Elm Street Sumerville, MA 02144	Michael Capuano, U.S. HOUSE 8th MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/08/98	1,000.00
COMMITTEE FOR XAVIER BECERRA , CA	Xavier Becerra, U.S. HOUSE 30th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/09/98	500.00
THE COVERDELL-GOOD GOVERNMENT COMM.	Paul Coverdell, U.S. SENATE GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/11/98	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > 8,500.00

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
BRIAN BAIRD FOR CONGRESS	BAIRD, U.S. HOUSE 3rd WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/11/98	500.00
BAYLEY SENATE '98	BAYLEY, U.S. SENATE WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/11/98	1,000.00
MATT AMORELLO FOR CONGRESS	, U.S. HOUSE 3rd MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/11/98	500.00
MISSOURIANS FOR KIT BOND 911 Main Street Suite 1702 Kansas City, MO 64105	Voided Check -error-to be reissued Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/15/98	-2,000.00
CITIZENS FOR DAVE OBEY COMMITTEE PO Box 1322 Wausau, WI 54402	David R. Obey, U.S. HOUSE 7th WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	500.00
FRIENDS OF BOB GRAHAM	Bob Graham, U.S. SENATE FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	1,000.00
COMMITTEE FOR NITA M. LOWEY , NY	Nita M. Lowey, U.S. HOUSE 18th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	500.00
CIRO D. RODRIGUEZ FOR CONGRESS 363 W. Harding San Antonio, TX 78221	Ciro Rodriguez, U.S. HOUSE 28th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	500.00
FRIENDS OF PATRICK KENNEDY PO Box 1356 Providence, RI 02901	Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 3,500.00

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
(SANDER) LEVIN FOR CONGRESS COMMITTEE 30636 DeQuindre Warren, MI 48092	Sander M. Levin, U.S. HOUSE 12th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	1,000.00
B. Full Name, Mailing Address and Zip Code CHAMBLISS FOR CONGRESS PO Box 505 Moultrie, GA 31776	Saxby Chambliss, U.S. HOUSE 8th GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	1,500.00
C. Full Name, Mailing Address and Zip Code COMMITTEE FOR LANE EVANS , IL	Lane Evans, U.S. HOUSE 17th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	1,500.00
D. Full Name, Mailing Address and Zip Code FRIENDS OF OWEN PICKETT PO Box 2127 Virginia Beach, VA 23452	Owen B. Pickett, U.S. HOUSE 2nd VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	1,000.00
E. Full Name, Mailing Address and Zip Code CHABOT FOR CONGRESS	Steve Chabot, U.S. HOUSE 1st OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	1,500.00
F. Full Name, Mailing Address and Zip Code DON SHERWOOD FOR CONGRESS	SHERWOOD, 10th PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	2,000.00
G. Full Name, Mailing Address and Zip Code THE COVERDELL GOOD GOVERNMENT COMM.	Paul Coverdell, U.S. SENATE GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/16/98	2,000.00
H. Full Name, Mailing Address and Zip Code HOYER FOR CONGRESS 7905 Malcolm Road Suite 102 Clinton, MD 20735	Steny H. Hoyer, U.S. HOUSE 5th MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/17/98	1,000.00
I. Full Name, Mailing Address and Zip Code O.J. SEXTON CATERING , MO	in-kind contribution for Kit Bond Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/21/98	1,200.00 (In-Kind)

SUB TOTAL of Disbursements this page (Optional)> 11,700.00

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
	4	10
FOR LINE NUMBER		23

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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
Missourians for Kit Bond 911 Main Street Suite 1702 Kansas City, MO 64105	in-kind contribution for Kit Bond Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/21/98	1,200.00 (Memo In-Kind)
B. Full Name, Mailing Address and Zip Code MISSOURIANS FOR KIT BOND 911 Main Street Suite 1702 Kansas City, MO 64105	Purpose of Disbursement Christopher S. Bond, U.S. SENATE MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/21/98	800.00
C. Full Name, Mailing Address and Zip Code KEADLE FOR CONGRESS 480 Jake Alexander Blvd. West Salisbury, NC 28147	Purpose of Disbursement Scott Keadle, U.S. HOUSE 12th NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/21/98	1,000.00
D. Full Name, Mailing Address and Zip Code DOGGETT FOR U.S. CONGRESS COMMITTEE PO Box 5843 Austin, TX 78763	Purpose of Disbursement Lloyd Doggett, U.S. HOUSE 10th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/21/98	1,000.00
E. Full Name, Mailing Address and Zip Code CONNELLY FOR CONGRESS PO Box 17798 Portland, ME 04112	Purpose of Disbursement Ross Connelly, U.S. HOUSE 1st ME Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/21/98	1,250.00
F. Full Name, Mailing Address and Zip Code SCHAFER FOR CONGRESS	Purpose of Disbursement Bob Schaffer, U.S. HOUSE 4th CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/21/98	1,500.00
G. Full Name, Mailing Address and Zip Code TALENT FOR U.S. CONGRESS 1031 Executive Parkway Suite 100 St. Louis, MO 63141	Purpose of Disbursement James M. Talent, U.S. HOUSE 2nd MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/21/98	1,500.00
H. Full Name, Mailing Address and Zip Code THE COVERDELL GOOD GOVERNMENT COMM.	Purpose of Disbursement Voided Check -unable to deliver Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/21/98	-1,000.00
I. Full Name, Mailing Address and Zip Code FRIENDS FOR HOUGHTON PO Box 1107 Corning, NY 14830	Purpose of Disbursement Anne Houghton, U.S. HOUSE 31st NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00

SUB TOTAL of Disbursements this page (Optional).....>	6,550.00
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
5	10
FOR LINE NUMBER	
23	

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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
PEOPLE FOR ENGLISH COMMITTEE	Phil English, U.S. HOUSE 21st PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
WALTER JONES, JR. FOR CONGRESS COMMITTEE PO Box 99667 Raleigh, NC 27624	Walter B. Jones, U.S. HOUSE 3rd NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
COMMITTEE FOR MAC COLLINS GA	Mac Collins, U.S. HOUSE 3rd GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
COMMITTEE FOR TOM CAMPBELL CA	Tom Campbell, U.S. HOUSE 15th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
RE-ELECT NANCY JOHNSON	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	1,000.00
SCOTTY BAESLER FOR CONGRESS 2365 Harrodsburg Road Suite A100 Lexington, KY 40504	Scotty Baesler, U.S. HOUSE 6th KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	1,000.00
SUE KELLY FOR CONGRESS 700 White Plains Road Suite 325 Scarsdale, NY 10583	Sue W. Kelly, U.S. HOUSE 19th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
THURMAN FOR CONGRESS	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
COMMITTEE FOR DAVE CAMP MI	Dave Camp, U.S. HOUSE 4th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00

SUB TOTAL of Disbursements this page (Optional)..... 5,500.00

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
COMMITTEE FOR JOEL HEFLEY CO	Joel Hefley, U.S. HOUSE 5th CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
(SANDER) LEVIN FOR CONGRESS COMMITTEE 30636 DeQuindre Warren, MI 48092	Sander M. Levin, U.S. HOUSE 12th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
BILL PRICE FOR CONGRESS 8205 West Main Street Belleville, IL 62223	Bill Price, U.S. HOUSE 12th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	1,000.00
ROBERT ADERHOLT FOR CONGRESS COMM.	Robert B. Aderholt, U.S. HOUSE 4th AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	1,000.00
FRIENDS OF LOIS CAPPS	Lois Capps, U.S. HOUSE 22nd CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
COMMITTEE FOR ILIANA ROS-LEHTINEN FL	Ileana Ros-Lehtinen, U.S. HOUSE 18th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
COMMITTEE FOR CHRISTOPHER J. DODD CT	Christopher J. Dodd, U.S. SENATE CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	1,000.00
TED STRICKLAND FOR CONGRESS COM.	Ted Strickland, U.S. HOUSE 6th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
WOOLSEY FOR CONGRESS COMMITTEE PO Box 750176 Petaluma, CA 94975	Lynn Woolsey, U.S. HOUSE 5th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00

SUB TOTAL of Disbursements this page (Optional).....> 6,000.00

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
STUPAK FOR CONGRESS PO Box 143 Menominee, MI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
B. Full Name, Mailing Address and Zip Code BARCIA FOR CONGRESS COMM.	James A. Barcia, U.S. HOUSE 5th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	500.00
C. Full Name, Mailing Address and Zip Code COMMITTEE FOR RICHARD C. SHELBY AL	Richard C. Shelby, U.S. SENATE AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	5,000.00
D. Full Name, Mailing Address and Zip Code FRIENDS OF GEORGE NETHERCUTT/CURRENT PO Box 1925 Spokane, WA 99210	George Nethercutt, U.S. HOUSE 5th WA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/22/98	1,000.00
E. Full Name, Mailing Address and Zip Code COMMITTEE FOR TOM CAMPBELL CA	Voided Check - no PAC money Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/23/98	-500.00
F. Full Name, Mailing Address and Zip Code COMMITTEE FOR RICK WHITE WA	Rick White, U.S. HOUSE 1st WA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/23/98	1,000.00
G. Full Name, Mailing Address and Zip Code MARTIN FROST CAMPAIGN COMMITTEE P.O. Box 4219 Dallas, TX 75211	Martin Frost, U.S. HOUSE 24th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/23/98	3,000.00
H. Full Name, Mailing Address and Zip Code THE COVERDELL GOOD GOVERNMENT COMM.	Paul Coverdell, U.S. SENATE GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/23/98	1,000.00
I. Full Name, Mailing Address and Zip Code JAY JOHNSON FOR CONGRESS COMMITTEE	Jay W. Johnson, U.S. HOUSE 8th WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/23/98	2,500.00

SUB TOTAL of Disbursements this page (Optional)..... > 14,000.00

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 8 OF 10
FOR LINE NUMBER 23

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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
COMMITTEE FOR EDWARD WHITFIELD KY	Edward Whitfield, U.S. HOUSE 1st KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/24/98	1,000.00
(KEN) LUCAS FOR CONGRESS COMMITTEE 8100 Burlington Pike Suite 334 Florence, KY 41042	Ken Lucas, U.S. HOUSE 4th KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/24/98	1,000.00
FLETCHER FOR CONGRESS '98	Ecole Fletcher, U.S. HOUSE 6th KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/24/98	1,000.00
(CHRIS) COLLINS FOR CONGRESS 2221 Niagara Falls Blvd. Niagara Falls, NY 14304	Chris Collins, U.S. HOUSE 29th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/25/98	1,000.00
JOHN LARSON FOR CONGRESS 29 Ruff Circle Glastonbury, CT 06033	John Larson, U.S. HOUSE 1st CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/25/98	1,000.00
VOINOVICH FOR US SENATE P.O. Box 21030 Alexandria, VA 22320-2030	George V. Voinovich, U.S. SENATE OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/25/98	2,000.00
BILL MCCOLLUM FOR CONGRESS 600 Thistlewood Court Longwood, FL 32779	Bill McCollum, U.S. HOUSE 8th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/29/98	1,000.00
THE HOTEL GEORGE 15 E Street, N.W. Washington, DC	in-kind contribution for Mike Forbes Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	702.34 (In-Kind)
Friends of Mike Forbes for Congress	in-kind contribution for Mike Forbes Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	702.34 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional)..... > 8,702.34

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
CROWLEY FOR CONGRESS	Joseph Crowley, U.S. HOUSE 7th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	1,000.00
TOM REYNOLDS FOR CONGRESS	Tom Reynolds, U.S. HOUSE 27th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	2,000.00
HOYER FOR CONGRESS 7905 Malcolm Road Suite 102 Clinton, MD 20735	Steny H. Hoyer, U.S. HOUSE 5th MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	4,000.00
COMMITTEE FOR JIM MCGOVERN MA	Jim McGovern, U.S. HOUSE 3rd MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	1,000.00
RE-ELECT CONGRESSMAN JOE MOAKLEY COMMITTEE 99 Summer Street Suite 1250 Boston, MA 02110	JOSEPH MOAKLEY, U.S. HOUSE 9th MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	1,000.00
DELAHUNT FOR CONGRESS COMMITTEE (CURRENT) MA	William Delahunt, U.S. HOUSE 10th MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	1,000.00
COMMITTEE FOR BARNEY FRANK MA	Barney Frank, U.S. HOUSE 4th MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	1,000.00
CAPUANO FOR CONGRESS 219 Elm Street Somerville, MA 02144	Michael Capuano, U.S. HOUSE 8th MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	1,000.00
RICHARD E. NEAL FOR CONGRESS COMMITTEE PO Box 2884 Washington, DC 20003	Richard E. Neal, U.S. HOUSE 2nd MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > 13,000.00

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 10 OF 10

FOR LINE NUMBER 23

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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 JOHN OLVER FOR CONGRESS PO Box 819 Amherst, MA 01004	John Olver, U.S. HOUSE 1st MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	1,000.00
B. Full Name, Mailing Address and Zip Code JOHN TIERNEY FOR CONGRESS	John F. Tierney, U.S. HOUSE 6th MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/30/98	1,000.00
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).....>	2,000.00
TOTAL this Period (Last page this line number only).....>	79,452.34

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>10/20/98</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>RJS</i> PREPARER	<i>10/20/98</i> DATE PREPARED