

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2006 through 03 31 2006

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 Frank McLaughlin

Signature of Treasurer Electronically Filed by Frank McLaughlin Date 06 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Dental Political Action Cmte.

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		568595.72
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	789654.03									
(c) Total Receipts (from Line 19)	63253.09	332039.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	852907.12	900635.64								
7. Total Disbursements (from Line 31)	163465.00	211193.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	689442.12	689442.12								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Dental Political Action Cmte.

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	505.00	2835.00
(i) Itemized (use Schedule A)	43971.20	235569.74
(ii) Unitemized	44476.20	238404.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44476.20	238404.74
12. Transfers From Affiliated/Other Party Committees	18521.19	92965.74
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	255.70	669.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	63253.09	332039.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	63253.09	332039.92

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	279.72	508.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	279.72	508.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	162196.28	209696.28
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	989.00	989.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	163465.00	211193.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	163465.00	211193.52

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	44476.20	238404.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44476.20	238404.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	279.72	508.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	279.72	508.24

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Dr John H Hatten		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 811 New Castle Court		Transaction ID: R23409
City State Zip Code Odessa TX 79764	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer self-employed Occupation dentist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr John W Moore		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 225 Losey Blvd S		Transaction ID: R23417
City State Zip Code La Crosse WI 54601-4333	Amount of Each Receipt this Period 205.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer self-employed Occupation dentist	Aggregate Year-to-Date ▼ 205.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	505.00
TOTAL This Period (last page this line number only) ▶	505.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 39
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. California Dental PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address PO Box 13749		Transaction ID: R23348	
City State Zip Code Sacramento CA 95853	Amount of Each Receipt this Period 3546.19		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 22155.74		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Indiana Dental PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address PO Box 2467		Transaction ID: R23300	
City State Zip Code Indianapolis IN 46206-2467	Amount of Each Receipt this Period 2735.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 12640.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Indiana Dental PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address PO Box 2467		Transaction ID: R23404	
City State Zip Code Indianapolis IN 46206-2467	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 12640.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	6401.19
TOTAL This Period (last page this line number only) ▶	

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

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Maine Dental PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address PO Box 215		Transaction ID: R23346	
City Manchester	State ME	Zip Code 04351	Amount of Each Receipt this Period 2400.00
FEC ID number of contributing federal political committee. C		Unitemized	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00		

Full Name (Last, First, Middle Initial) B. Nevada Dental PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 6889 W. Charleston Blvd. Suite B		Transaction ID: R23402	
City Las Vegas	State NV	Zip Code 89117	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1640.00		

Full Name (Last, First, Middle Initial) C. Tennessee Dental PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address PO Box 120188		Transaction ID: R23295	
City Nashville	State TN	Zip Code 37212	Amount of Each Receipt this Period 9440.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20625.00		

SUBTOTAL of Receipts This Page (optional) ▶	12120.00
TOTAL This Period (last page this line number only) ▶	18521.19

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 39	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A. Full Name (Last, First, Middle Initial)
Citibank Hard Dollar Account

Mailing Address 1500 Vermont Ave Nw

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
669.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: R23519

Amount of Each Receipt this Period
255.70

Check

SUBTOTAL of Receipts This Page (optional)	▶	255.70
TOTAL This Period (last page this line number only)	▶	255.70

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 39

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial)

A. Citibank Hard Dollar Account

Mailing Address 1500 Vermont Ave Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement
Bank Charges
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D9744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

279.72

SUBTOTAL of Disbursements This Page (optional)

279.72

TOTAL This Period (last page this line number only)

279.72

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Alaskans For Young		Transaction ID: D9605 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 100298		Amount of Each Disbursement this Period 1000.00
City Anchorage State AK Zip Code 99510	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Donald E. Young		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bartlett For Congress		Transaction ID: D9613 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 280 PO Box 3662		Amount of Each Disbursement this Period 1000.00
City Buckeystown State MD Zip Code 21717	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Roscoe G. Bartlett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Avenel-Tournament Players Club		Transaction ID: D9614 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 10000 Oaklyn Dr		Amount of Each Disbursement this Period 120.78
City Potomac State MD Zip Code 20854	Category/ Type	
Purpose of Disbursement Roscoe G. Bartlett (MD-6-R) in-kind		
Candidate Name Roscoe G. Bartlett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

contribution for golf event

SUBTOTAL of Disbursements This Page (optional) ▶	2120.78
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

PAGE 12 / 39

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Bob Etheridge for Congress Committee		Transaction ID: D9610 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 303 West Jones Street Suite 220 PO Box 28001		Amount of Each Disbursement this Period 1200.00
City Raleigh State NC Zip Code 27611	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Bob Etheridge		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brian Baird For Congress		Transaction ID: D9604 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address PO Box 5016		Amount of Each Disbursement this Period 1000.00
City Vancouver State WA Zip Code 98668	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Brian Baird		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Candice Miller for Congress		Transaction ID: D9712 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address P.O. Box 182152		Amount of Each Disbursement this Period 2175.50
City Shelby Township State MI Zip Code 48318	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Candice S. Miller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4375.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 39

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Cathy McMorris For Congress		Transaction ID: D9622 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address Box 137		Amount of Each Disbursement this Period 1000.00
City Spokane State WA Zip Code 99210	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Cathy McMorris		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Coloradans for Rick O'Donnell		Transaction ID: D9671 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address PO Box 260693		Amount of Each Disbursement this Period 2500.00
City Lakewood State CO Zip Code 80226	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Rick O'Donnell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee For Daniel K. Akaka		Transaction ID: D9673 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 3125 Kaohinani Drive		Amount of Each Disbursement this Period 2000.00
City Honolulu State HI Zip Code 96817	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Daniel Kahikina Akaka		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Committee For Daniel K. Akaka		Transaction ID: D9674 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 3125 Kaohinani Drive		Amount of Each Disbursement this Period 500.00
City Honolulu State HI Zip Code 96817	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Daniel Kahikina Akaka		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee For Jon Kyl		Transaction ID: D9676 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 2500.00
City Phoenix State AZ Zip Code 85064	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Jon Kyl		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee For Jon Kyl		Transaction ID: D9677 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 2500.00
City Phoenix State AZ Zip Code 85064	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Jon Kyl		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Committee For Olympia J. Snowe		Transaction ID: D9699 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 2000		Amount of Each Disbursement this Period 1000.00
City Portland State ME Zip Code 04104	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Olympia J. Snowe		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee For Pete V. Domenici		Transaction ID: D9690 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address PO Box 93656		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87199	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Pete V. Domenici		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee For Tim Johnson		Transaction ID: D9660 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address PO Box 1859		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57101	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Tim Johnson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Committee to Re-Elect Congressman Duncan Hunter		Transaction ID: D9636 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 9340 Fuerte Drive Ste 302		Amount of Each Disbursement this Period 1250.00
City La Mesa State CA Zip Code 91941	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Duncan L. Hunter <input type="checkbox"/> Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Price for Congress		Transaction ID: D9692 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1000.00
City Raleigh State NC Zip Code 27602	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name David E. Price <input type="checkbox"/> Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Price for Congress		Transaction ID: D9704 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 250.00
City Raleigh State NC Zip Code 27602	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name David E. Price <input type="checkbox"/> Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Deal for Congress		Transaction ID: D9624 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address PO Box 902		Amount of Each Disbursement this Period 2000.00
City Gainesville	State GA	
Zip Code 30503	Category/Type	
Purpose of Disbursement Contr.		
Candidate Name Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) B. Debbie Wasserman-Schultz for Congress		Transaction ID: D9706 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 4479 Foxglove Lane		Amount of Each Disbursement this Period 1000.00
City Weston	State FL	
Zip Code 33331	Category/Type	
Purpose of Disbursement Contr.		
Candidate Name Debbie Wasserman-Schultz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: D9654 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 400 S. Capitol Street		Amount of Each Disbursement this Period 15000.00
City Washington	State DC	
Zip Code 20003	Category/Type	
Purpose of Disbursement 2006 membership dues		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ▶	18000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Democratic National Committee		Transaction ID: D9652 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 430 S. Capitol St., SE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 2006 Membership dues Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee		Transaction ID: D9653 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 2006 Membership dues Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Friends Of Max Baucus		Transaction ID: D9626 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address PO Box 586		Amount of Each Disbursement this Period 2000.00
City Helena State MT Zip Code 59624	Purpose of Disbursement Contr. Candidate Name Max Baucus	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	32000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Friends of Bobby Jindal, Inc.		Transaction ID: D9637 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1300.00
City Metairie State LA Zip Code 70011	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Bobby Jindal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Congressman Tim Holden		Transaction ID: D9643 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 18 N. Second Street PO Box 37 PO Box 37		Amount of Each Disbursement this Period 1000.00
City Saint Clair State PA Zip Code 17970	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Tim Holden		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Craig Thomas		Transaction ID: D9697 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 1580		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82602	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Craig Thomas		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3300.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Friends of Craig Thomas		Transaction ID: D9702 Date of Disbursement 03 / 29 / 2006
Mailing Address PO Box 1580		Amount of Each Disbursement this Period 1500.00
City Casper	State WY Zip Code 82602	
Purpose of Disbursement Contr.		
Candidate Name Craig Thomas		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District:		

Full Name (Last, First, Middle Initial) B. Friends of Dix Congressional Committee		Transaction ID: D9633 Date of Disbursement 03 / 06 / 2006
Mailing Address PO Box 613 PO Box 220		Amount of Each Disbursement this Period 1000.00
City Waverly	State IA Zip Code 50677	
Purpose of Disbursement Contr.		
Candidate Name William Dix		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 01		

Full Name (Last, First, Middle Initial) C. Friends of Don Sherwood		Transaction ID: D9603 Date of Disbursement 03 / 01 / 2006
Mailing Address 81 Warren Street		Amount of Each Disbursement this Period 1000.00
City Tunkhannock	State PA Zip Code 18657	
Purpose of Disbursement Contr.		
Candidate Name Donald L. Sherwood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 10		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Friends of Lane Evans Committee		Transaction ID: D9601 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 5263 1800 - 3rd Ave Room 308		Amount of Each Disbursement this Period 1000.00
City Rock Island State IL Zip Code 61204	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Lane Evans		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Roy Blunt		Transaction ID: D9632 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 1000.00
City Springfield State MO Zip Code 65805	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Roy Blunt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gingrey for Congress		Transaction ID: D9662 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address PO Box U		Amount of Each Disbursement this Period 2000.00
City Marietta State GA Zip Code 30060	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Phil Gingrey, M.D.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Hall For Congress		Transaction ID: D9657 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address PO Box 711 1500 Sunset Hill		Amount of Each Disbursement this Period 1000.00
City Rockwall State TX Zip Code 75087		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Ralph M. Hall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hoyer For Congress		Transaction ID: D9661 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 1000.00
City Clinton State MD Zip Code 20735		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Steny H. Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jerry Weller for Congress		Transaction ID: D9694 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 2701 Black Road #201		Amount of Each Disbursement this Period 1000.00
City Joliet State IL Zip Code 60435		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Gerald C. Weller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Jesse Jackson Jr. For Congress Cmte.		Transaction ID: D9639 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6	
Mailing Address 2559 East 72nd Street		Amount of Each Disbursement this Period 1000.00	
City Chicago State IL Zip Code 60649	Purpose of Disbursement Contr.	Category/Type	
Candidate Name Jesse L. Jackson, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 02			

Full Name (Last, First, Middle Initial) B. Jim Jordan for Congress		Transaction ID: D9689 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6	
Mailing Address 1709 State Route 560 S		Amount of Each Disbursement this Period 2500.00	
City Urbana State OH Zip Code 43078	Purpose of Disbursement Contr.	Category/Type	
Candidate Name James Jordan	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 04			

Full Name (Last, First, Middle Initial) C. Jo Bonner For Cong Cmte		Transaction ID: D9602 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address PO Box 851232		Amount of Each Disbursement this Period 1000.00	
City Mobile State AL Zip Code 36685	Purpose of Disbursement Contr.	Category/Type	
Candidate Name Jo Bonner	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AL District: 01			

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Joe Wilson For Congress Committee		Transaction ID: D9644 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 2988 Sunset Blvd		Amount of Each Disbursement this Period 1000.00
City W Columbia	State SC	
Zip Code 29171		
Purpose of Disbursement Contr.		
Candidate Name Joe Wilson		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 02		

Full Name (Last, First, Middle Initial) B. John Salazar for Congress		Transaction ID: D9687 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 2500.00
City Pueblo	State CO	
Zip Code 81002		
Purpose of Disbursement Contr.		
Candidate Name John T. Salazar		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 03		

Full Name (Last, First, Middle Initial) C. Kay Bailey Hutchison for Senate Committee		Transaction ID: D9656 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address PO Box 9190 800 Brazos Ste 1200		Amount of Each Disbursement this Period 2000.00
City Dallas	State TX	
Zip Code 75209		
Purpose of Disbursement Contr.		
Candidate Name Kay Bailey Hutchison		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Kay Granger Campaign Fund		Transaction ID: D9667 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 715 Jones Street Suite 101		Amount of Each Disbursement this Period 1000.00
City Fort Worth State TX Zip Code 76102	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Kay Granger <input type="checkbox"/> Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kay Granger Campaign Fund		Transaction ID: D9695 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 715 Jones Street Suite 101		Amount of Each Disbursement this Period 1000.00
City Fort Worth State TX Zip Code 76102	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Kay Granger <input type="checkbox"/> Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kenny Marchant for Congress		Transaction ID: D9627 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 110187		Amount of Each Disbursement this Period 1000.00
City Carrollton State TX Zip Code 75011	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Kenneth Marchant <input type="checkbox"/> Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 24		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Kirk For Congress		Transaction ID: D9608 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 8		Amount of Each Disbursement this Period 2000.00
City Winnetka State IL Zip Code 60093	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Mark Steven Kirk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kuhl for Congress		Transaction ID: D9688 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 10 Ganesvoort Street		Amount of Each Disbursement this Period 1000.00
City Bath State NY Zip Code 14810	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name John Randall Kuhl		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LINC PAC		Transaction ID: D9679 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 181 Connecticut Ave., NW Ste 1100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Contr. LINC PAC (DC-O)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

A. Latham for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 71 City Clarion State IA Zip Code 50525 Purpose of Disbursement Contr. Candidate Name Thomas P. Latham Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D9609 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 1500.00
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B. Lee Terry for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 540098 City Omaha State NE Zip Code 68154 Purpose of Disbursement Contr. Candidate Name Lee Terry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D9634 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1600.00
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C. Lee Terry for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 540098 City Omaha State NE Zip Code 68154 Purpose of Disbursement Contr. Candidate Name Lee Terry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D9635 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 900.00
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SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Linder for Congress		Transaction ID: D9629 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address P. O. Box 4026		Amount of Each Disbursement this Period 1000.00
City Duluth State GA Zip Code 30096	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name John Linder		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Marion Berry for Congress		Transaction ID: D9693 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 8084 P.O. Box 8084		Amount of Each Disbursement this Period 1000.00
City Jonesboro State AR Zip Code 72403	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Marion Berry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mark Kennedy '06		Transaction ID: D9703 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 2000.00
City Blaine State MN Zip Code 55449	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Mark R. Kennedy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. McCrery for Congress		Transaction ID: D9642 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address Ste 1900 333 Texas Street, PO Box 52956		Amount of Each Disbursement this Period 1000.00
City Shreveport State LA Zip Code 71101		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Jim McCrery		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McCrery for Congress		Transaction ID: D9665 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address Ste 1900 333 Texas Street, PO Box 52956		Amount of Each Disbursement this Period 4000.00
City Shreveport State LA Zip Code 71101		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Jim McCrery		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. McCrery for Congress		Transaction ID: D9666 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address Ste 1900 333 Texas Street, PO Box 52956		Amount of Each Disbursement this Period 1000.00
City Shreveport State LA Zip Code 71101		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Jim McCrery		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Michael Burgess For Congress		Transaction ID: D9623 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6	
Mailing Address 106 Highland Lake Drive		Amount of Each Disbursement this Period 500.00	
City Highland Village State TX Zip Code 75077	Purpose of Disbursement Contr.	Category/ Type	
Candidate Name Michael C. Burgess, M.D.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 26			

Full Name (Last, First, Middle Initial) B. Mike Thompson For Congress		Transaction ID: D9713 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	
Mailing Address 5435 Madison Ave		Amount of Each Disbursement this Period 1000.00	
City Sacramento State CA Zip Code 95841	Purpose of Disbursement Contr.	Category/ Type	
Candidate Name Michael Thompson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 01			

Full Name (Last, First, Middle Initial) C. Nancy Pelosi For Congress		Transaction ID: D9672 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 235 Montgomery St #610		Amount of Each Disbursement this Period 2500.00	
City San Francisco State CA Zip Code 94104	Purpose of Disbursement Contr.	Category/ Type	
Candidate Name Nancy Pelosi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 08			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Pallone For Congress		Transaction ID: D9716 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 3000.00
City Long Branch	State NJ	
Zip Code 07740		
Purpose of Disbursement Contr.		
Candidate Name Frank Pallone, Jr.		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 06		

Full Name (Last, First, Middle Initial) B. Pearce for Congress		Transaction ID: D9705 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 2696		Amount of Each Disbursement this Period 2000.00
City Hobbs	State NM	
Zip Code 88241		
Purpose of Disbursement Contr.		
Candidate Name Stevan E. Pearce		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 02		

Full Name (Last, First, Middle Initial) C. Pete Sessions for Congress 2006		Transaction ID: D9628 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address PO Box 38585		Amount of Each Disbursement this Period 1000.00
City Dallas	State TX	
Zip Code 75238		
Purpose of Disbursement Contr.		
Candidate Name Pete Sessions		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 32		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Pete Sessions for Congress 2006		Transaction ID: D9710 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	
Mailing Address PO Box 38585		Amount of Each Disbursement this Period 1000.00	
City Dallas State TX Zip Code 75238	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Pete Sessions Category/Type <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 32		
Full Name (Last, First, Middle Initial) B. Ray Meier for Congress			
Mailing Address PO Box 120			
City Utica State NY Zip Code 13505		Transaction ID: D9718 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address PO Box 120		Amount of Each Disbursement this Period 5000.00	
Full Name (Last, First, Middle Initial) C. Richard Pombo For Congress			
Mailing Address 7527 Linne Road			
City Tracy State CA Zip Code 95376			
Mailing Address 7527 Linne Road		Transaction ID: D9714 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	
City Tracy State CA Zip Code 95376		Amount of Each Disbursement this Period 2500.00	
Full Name (Last, First, Middle Initial) C. Richard Pombo For Congress			
Mailing Address 7527 Linne Road			
City Tracy State CA Zip Code 95376			

Full Name (Last, First, Middle Initial) B. Ray Meier for Congress		Transaction ID: D9718 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO Box 120		Amount of Each Disbursement this Period 5000.00
City Utica State NY Zip Code 13505		
Full Name (Last, First, Middle Initial) C. Richard Pombo For Congress		
Mailing Address 7527 Linne Road		
City Tracy State CA Zip Code 95376		Transaction ID: D9714 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 7527 Linne Road		Amount of Each Disbursement this Period 2500.00
City Tracy State CA Zip Code 95376		
Full Name (Last, First, Middle Initial) C. Richard Pombo For Congress		
Mailing Address 7527 Linne Road		

Full Name (Last, First, Middle Initial) C. Richard Pombo For Congress		Transaction ID: D9714 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 7527 Linne Road		Amount of Each Disbursement this Period 2500.00
City Tracy State CA Zip Code 95376		
Full Name (Last, First, Middle Initial) C. Richard Pombo For Congress		
Mailing Address 7527 Linne Road		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Rogers For Congress		Transaction ID: D9664 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address PO Box 581		Amount of Each Disbursement this Period 1400.00	
City Brighton State MI Zip Code 48116	Purpose of Disbursement Contr.	Category/ Type	
Candidate Name Michael J. Rogers	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ron Lewis For Congress		Transaction ID: D9630 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6	
Mailing Address P.O. Box 307		Amount of Each Disbursement this Period 1000.00	
City Elizabethtown State KY Zip Code 42701	Purpose of Disbursement Contr.	Category/ Type	
Candidate Name Ron Lewis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Rush Holt For Congress		Transaction ID: D9715 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6	
Mailing Address PO Box 782		Amount of Each Disbursement this Period 500.00	
City Pennington State NJ Zip Code 08534	Purpose of Disbursement Contr.	Category/ Type	
Candidate Name Rush D. Holt	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	2900.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Russ Carnahan for Congress		Transaction ID: D9612 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 7370 Manchester Road Ste 20		Amount of Each Disbursement this Period 1500.00
City St Louis State MO Zip Code 63143	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Russ Carnahan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ryan for Congress		Transaction ID: D9698 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address P. O. Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Paul Ryan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Simpson for Congress		Transaction ID: D9684 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 131 N. Oak		Amount of Each Disbursement this Period 1000.00
City Blackfoot State ID Zip Code 83221	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Michael K. Simpson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

<p>A. Stabenow for US Senate</p> <p>Full Name (Last, First, Middle Initial) Stabenow for US Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement Contr. <input type="checkbox"/></p> <p>Candidate Name Debbie Stabenow <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:</p>		<p>Transaction ID: D9681 Date of Disbursement 03 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p>B. Storm Chasers</p> <p>Full Name (Last, First, Middle Initial) Storm Chasers</p> <p>Mailing Address PO Box 237</p> <p>City Monticello State IN Zip Code 47060</p> <p>Purpose of Disbursement Contr. Storm Chasers (IN-O) <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>		<p>Transaction ID: D9680 Date of Disbursement 03 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 4000.00</p>
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<p>C. Sue Kelly For Congress</p> <p>Full Name (Last, First, Middle Initial) Sue Kelly For Congress</p> <p>Mailing Address PO Box 599</p> <p>City Katonah State NY Zip Code 10536</p> <p>Purpose of Disbursement Contr. <input type="checkbox"/></p> <p>Candidate Name Sue W. Kelly <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 19</p>		<p>Transaction ID: D9641 Date of Disbursement 03 / 10 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p>
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SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Talent For Senate Committee		Transaction ID: D9696 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 9378 Olive Blvd #206		Amount of Each Disbursement this Period 2500.00
City St. Louis State MO Zip Code 63132	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name James M. Talent		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Together for Our Majority PAC		Transaction ID: D9606 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 16488		Amount of Each Disbursement this Period 4000.00
City Arlington State VA Zip Code 22215	Category/ Type	
Purpose of Disbursement Contr. TOMPAC (VA-O)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tom Davis For Congress		Transaction ID: D9607 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 6429 Downing Court		Amount of Each Disbursement this Period 2000.00
City Annandale State VA Zip Code 22003	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Thomas M. Davis, III		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Tom Feeney For Congress		Transaction ID: D9625 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 1420 Alafaya Trail #103		Amount of Each Disbursement this Period 1000.00
City Oviedo State FL Zip Code 32765		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Tom Feeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Vic Snyder for Congress Committee		Transaction ID: D9655 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 108 Vernon, #3		Amount of Each Disbursement this Period 2000.00
City Little Rock State AR Zip Code 72205		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Vic Snyder		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Vito Fossella For Congress		Transaction ID: D9611 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 131403		Amount of Each Disbursement this Period 1000.00
City Staten Island State NY Zip Code 10313		
Purpose of Disbursement Contr.	Category/Type	
Candidate Name Vito J. Fossella		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial)

A. Weldon Victory Committee

Mailing Address P. O. Box 1992

City Media State PA Zip Code 19063

Purpose of Disbursement
Contr.

Candidate Name
Curt Weldon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: PA District: 07

Transaction ID: D9707

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

162196.28

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial) A. Citibank Hard Dollar Account		Transaction ID: D9651 Date of Disbursement
Mailing Address 1500 Vermont Ave Nw		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Tax Expenditure	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="734.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DC Treasurer		Transaction ID: D9650 Date of Disbursement
Mailing Address DC Office of Tax & Revenue Ben Franklin Station, PO Box 601		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20044-0601
Purpose of Disbursement Tax Expenditure	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="255.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

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