



11th Floor

1111 14th Street, N.W.

Washington, D.C. 20005

(202) 898

American Dental
Political Action Committee

RECEIVED
FEC MAIL ROOM
2000 SEP 18 AM 10:17

September 14, 2000

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

Dear Sir/Madam:

Please find enclosed our Committee's (ID. #C00000729) **September 20th Report** covering the period of **August 1-31, 2000**. Also, please note that our line 12 amounts are reflective of receipts from various states, which act as our collecting agents for membership contributions. In order to track these receipts on our software, we must post them on line 12 so that the amount will be able to exceed \$200. Although we "treat" the states as individuals for our software purposes, these contributions still fall within FEC guidelines.

Thus, the software automatically produces schedules to justify the amount on line 12. Our Committee understands that these schedules are not necessary and that the amounts can be listed as itemized contributions on line 1a(i). But for our software purposes and in order to keep generating our reports by computer--it is much simpler to continue reporting in this manner, as long as it is within FEC guidelines. Thank you for your cooperation and assistance.

Sincerely,


Cynthia J. Taylor
Manager, ADPAC

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 SEP 18 A 10:17

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Dental Political Action Committee	2. FEC IDENTIFICATION NUMBER C00000729
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1111 14th Street, NW Suite 1100	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, DC 20004	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>08/01/00</u> through <u>08/31/00</u>		
6. (a) Cash on Hand January 1, 19 <u>00</u>		\$ 499,307.83
(b) Cash on Hand at Beginning of Reporting Period	\$ 668,839.58	
(c) Total Receipts (from Line 19)	\$ 5,872.03	\$ 554,696.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ 662,511.61	\$ 1,054,004.12
7. Total Disbursements (from Line 30)	\$ 77,881.58	\$ 469,184.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 584,620.03	\$ 584,820.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Francis X. McLaughlin, Jr., Assistant Treasurer	
Signature of Treasurer <i>Francis X. McLaughlin, Jr., Assistant Treasurer</i>	Date 9/14/00

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

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FEC FORM 3X

(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE American Dental Political Action Committee		REPORT COVERING PERIOD		
		FROM: 08/01/00	TO: 08/31/00	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
I. Itemized (use Schedule A)		0.00	0.00	11(a)(i)
II. Unitemized		0.00	0.00	11(a)(ii)
B. Total (add I and II) >		0.00	0.00	11(a)(iii)
b. Political Party Committees		0.00	0.00	11(b)
c. Other Political Committees (such as PACs)		0.00	0.00	11(c)
d. Total Contributions (add a i, b and c) >		0.00	0.00	11(d)
12. Transfers From Affiliated/Other Party Committees		3,405.74	340,874.08	12
13. All Loans Received		0.00	0.00	13
14. Loan Repayments Received		0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)		2,466.29	13,822.41	17
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		5,872.03	554,696.49	19
20. Total Federal Receipts (subtract line 18 from line 19) >		5,872.03	554,696.49	20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share		0.00	0.00	21(a)(i)
ii. Non-Federal Share		0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures		50.86	1,118.72	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		50.86	1,118.72	21(c)
22. Transfers to Affiliated/Other Party Committees		0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees		77,640.62	459,264.37	23
24. Independent Expenditures (use Schedule E)		0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00	25
26. Loan Repayments Made		0.00	0.00	26
27. Loans Made		0.00	0.00	27
28. Refunds of Contributions To:				
a. Individual/Persons Other Than Political Committees		0.00	0.00	28(a)
b. Political Party Committees		0.00	0.00	28(b)
c. Other Political Committees (such as PACs)		0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >		0.00	0.00	28(d)
29. Other Disbursements		0.00	8,801.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		77,691.68	468,164.09	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		77,691.68	468,164.09	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		0.00	0.00	32
33. Total Contribution Refunds (from line 28d)		0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		0.00	0.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		50.86	1,118.72	35
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >		50.86	1,118.72	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
America Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code 83 Speen Street Natick, 01750 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Massachusetts Dental PAC Occupation Aggregate Year-to-Date > \$ 12,816.00	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 266.24
B. Full Name, Mailing Address and ZIP Code 2501 Crestwood Drive Suite 205 North Little Rock, AR 72116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Arkansas Dental PAC Occupation Aggregate Year-to-Date > \$ 8,025.00	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 25.00
C. Full Name, Mailing Address and ZIP Code 5555 W. Charleston Blvd. Suite B Las Vegas, 89117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nevada Dental PAC Occupation Aggregate Year-to-Date > \$ 4,300.00	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 60.00
D. Full Name, Mailing Address and ZIP Code PO Box 2229 Concord, 03302-2229 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer New Hampshire Dental PAC Occupation Aggregate Year-to-Date > \$ 925.00	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 925.00
E. Full Name, Mailing Address and ZIP Code PO Box 215 Manchester, 04351 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Maine Dental PAC Occupation Aggregate Year-to-Date > \$ 5,385.00	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and ZIP Code PO Box 1494 Pierre, 57504 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer South Dakota Dental PAC Occupation Aggregate Year-to-Date > \$ 2,375.00	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 75.00
G. Full Name, Mailing Address and ZIP Code 2501 Crestwood Drive Suite 205 North Little Rock, AR 72116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Arkansas Dental PAC Occupation Aggregate Year-to-Date > \$ 8,050.00	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 1,381.24

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 12

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

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

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>629 W. Interstate 44 Svc. Rd. Oklahoma City, 73118</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Oklahoma Dental PAC</p> <p>Date (month, day, year) 08/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,225.00</p>	<p>Amount of Each Receipt this Period</p> <p>125.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>17898 SW McEwan Road Portland, 97224-7798</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Oregon Dental PAC</p> <p>Date (month, day, year) 08/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 5,850.00</p>	<p>Amount of Each Receipt this Period</p> <p>300.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>2033 6th Avenue Suite 333 Seattle, 98121</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Washington Dental PAC</p> <p>Date (month, day, year) 08/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 9,159.00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Date (month, day, year) 08/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 14,275.00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Date (month, day, year) 08/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 14,300.00</p>	<p>Amount of Each Receipt this Period</p> <p>25.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wisconsin Dental PAC</p> <p>Date (month, day, year) 08/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 14,350.00</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48933</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Date (month, day, year) 08/25/00</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 39,537.00</p>	<p>Amount of Each Receipt this Period</p> <p>25.00</p>

SUBTOTAL of Receipts This Page (optional) **725.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code PO Box 1194 Pierre, 57501		Name of Employer South Dakota Dental PAC	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 2,400.00	
B. Full Name, Mailing Address and ZIP Code 505 5th Avenue Suite 303 Des Moines, 50309-2379		Name of Employer Iowa Dental PAC	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 4,600.00	
C. Full Name, Mailing Address and ZIP Code 250 Washington Square, North Suite 208 Lansing, 48933		Name of Employer Michigan Dental PAC	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 39,587.00	
D. Full Name, Mailing Address and ZIP Code PO Box 2487 Indianapolis, 46206-2487		Name of Employer Indiana Dental PAC	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 16,650.00	
E. Full Name, Mailing Address and ZIP Code PO Box 215 Manchester, 04351		Name of Employer Maine Dental PAC	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 26.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 5,410.00	
F. Full Name, Mailing Address and ZIP Code PO Box 120186 Nashville, 37212		Name of Employer Tennessee Dental PAC	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 17,155.00	
G. Full Name, Mailing Address and ZIP Code 1111 E. Tennessee Street Suite 102 Tallahassee, FL 32308-6914		Name of Employer Florida Dental PAC	Date (month, day, year) 08/25/00	Amount of Each Receipt this Period 874.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 21,499.50	

SUBTOTAL of Receipts This Page (optional) 1,100.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	08/25/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	4,625.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	08/25/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	4,650.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	08/25/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	4,675.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 5th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	08/25/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	4,700.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only) 3,405.74

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Citibank Hard Dollar Account DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > 6 6,139.65	Date (month, day, year) 08/31/00	Amount of Each Receipt this Period 2,466.29
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 2,466.29

TOTAL This Period (last page this line number only) 2,466.29

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **218**

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code CITIBank Hard Dollar Account DC	Purpose of Disbursement service charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/31/00	Amount of Each Disbursement This Period 80.96
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

80.96

TOTAL This Period (last page this line number only)

80.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Graves for Congress 110 South 10th Street Tarkio, MO 64491	Salm Graves, U.S. HOUSE 8th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/01/00	1,600.00
Crowley for Congress 84-56 Grand Avenue Elmhurst, NY 11373	Joseph Crowley, U.S. HOUSE 7th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/01/00	1,000.00
Henry E. Brown For Congress 1035 Dominion Drive Hanahan, SC 29408	Henry E. Brown, U.S. HOUSE 1st SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/01/00	5,000.00
Committee for Barbara Cubin PO Box 4657 Casper, WY 82604	Barbara Cubin, U.S. HOUSE AL WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/01/00	2,500.00
JIM HUMPHRIES FOR CONGRESS 406 Capitol St., SW Suite 808 Charleston, WV 25301	Jim Humphreys, U.S. HOUSE 1st WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/01/00	1,600.00
(Ken) Lucas for Congress Committee 8100 Burlington Pike Suite 334 Florence, KY 41042	Ken Lucas, U.S. HOUSE 4th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/01/00	1,500.00
Committee for Olympia J. Snowe PO Box 2000 Portland, ME 04104	Olympia J. Snowe, U.S. SENATE ME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/01/00	2,500.00
Committee for Craig Thomas PO Box 1580 Casper, WY 82602	Craig Thomas, U.S. HOUSE AL WY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/01/00	5,000.00
Tom Reynolds for Congress 9430 W. Schlinger Avenue West Allis, WI 53214	Voided Check -lost by campaign, will reissue Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/02/00	-500.00

SUBTOTAL of Disbursements This Page (optional)

20,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

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Bill Settle For Congress 110 North 8th Street Muskogee, OK 74401	Bill Settle, U.S. HOUSE 2nd OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/02/00	8,000.00
Fattah for Congress 2638 Lenape Road Philadelphia, PA 19161	Chaka Fattah, U.S. HOUSE 2nd PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/03/00	1,000.00
Jesse Jackson Jr. for Congress Cmte. 2659 East 72nd Street Chicago, IL 60649	Jesse Jackson, U.S. HOUSE 2nd IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/04/00	1,500.00
VITTER FOR CONGRESS 2520 Metairie Road Metairie, LA 70001	VITTER, U.S. HOUSE 1st LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/07/00	1,000.00
Vic Snyder for Congress Committee 1020 West Third Street Little Rock, AR 72201	Vic Snyder, U.S. HOUSE 2nd AR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/07/00	2,000.00
Kevin Brady for Congress PO Box 8277 Woodlands, TX 77387	Kevin Brady, U.S. HOUSE 8th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/07/00	5,000.00
Lazio for Congress 72 East Main Street Suite 4 Babylon, NY 11702	Voided Check -change in decision Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/08/00	-1,000.00
Byrum For Congress PO Box 26151 Lansing, MI 48823	Byrum, U.S. HOUSE 8th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/08/00	1,500.00
Ted House For Congress Committee PO Box 457 St. Charles, MO 63302	Ted House, U.S. HOUSE 2nd MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/08/00	2,500.00

SUBTOTAL of Disbursements This Page (optional)

18,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Ross For Congress Committee PO Box 360 Prescott, AR 71867	ROSS, U.S. HOUSE 4th AR Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/08/00	3,000.00
Bill McCollum for Congress 600 Thistlewood Court Longwood, FL 32778	Bill McCollum, U.S. HOUSE 8th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/08/00	500.00
Committee for Richard G. Lugar 110 W. 42nd Street Suite 335 Indianapolis, IN 46208	Richard G. Lugar, U.S. SENATE IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/10/00	500.00
Lincoln Chafee for US Senate PO Box 7329 Warwick, RI 02887	Chafee, U.S. HOUSE 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/10/00	1,000.00
Committee for Conrad Burns PO Box 1532 Billings, MT 59103	Conrad Burns, U.S. SENATE MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/10/00	1,500.00
Sherman for Congress 655 S. Flower Street Suite 4510 Los Angeles, CA 90071	Brad Sherman, U.S. HOUSE 24th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/11/00	2,500.00
Mike Pence Committee PO Box 408 Anderson, IN 46015	Pence, U.S. HOUSE 2nd IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/14/00	1,000.00
(Mark) Green for Congress PO Box 12571 Green Bay, WI 54307	Mark Green, U.S. HOUSE 8th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/14/00	500.00
CITIZENS TO ELECT RICK LARSEN PO BOX 328 EVERETT, WA 98206	Rick Larsen, U.S. HOUSE 2nd WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/14/00	4,140.82

SUBTOTAL of Disbursements This Page (optional)

14,540.82

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Combest Congressional Comm. PO Box 10887 Lubbock, TX 79408	Larry Combest, U.S. HOUSE 19th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/14/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress PO Box 86058 Baltimore, MD 21209	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/22/00	1,800.00
C. Full Name, Mailing Address and ZIP Code Gene Green Congressional Campaign PO Box 16128 Houston, TX 77222	Gene Green, U.S. HOUSE 29th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Marion Berry for Congress PO Box 8084 Jonesboro, AR 72403	Marion Berry, U.S. HOUSE 1st AR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,500.00
E. Full Name, Mailing Address and ZIP Code Burr for Congress PO Box 6928 Winston-Salem, NC 27113	Richard M. Burr, U.S. HOUSE 6th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75211	Martin Frost, U.S. HOUSE 24th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	2,000.00
G. Full Name, Mailing Address and ZIP Code Jody Wagner For congress PO Box 1158 Virginia Beach, VA 23461	Jody Wagner, U.S. HOUSE 2nd VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Peter Sessions for Congress PO Box 38588 Dallas, TX 75238	Peter Sessions, U.S. HOUSE 6th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	2,500.00
I. Full Name, Mailing Address and ZIP Code Carnahan for Senate Committee 406 N. Main Street Rolla, MO 65401	Mel Carnahan, U.S. SENATE MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/28/00	2,500.00

SUBTOTAL of Disbursements This Page (optional)	14,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code Ike Skelton for Congress Committee 1814 Franklin Avenue Lexington, MO 64067	Purpose of Disbursement Ike Skelton, U.S. HOUSE 4th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/28/00	Amount of Each Disbursement This Period 2,500.00
B. Full Name, Mailing Address and ZIP Code Committee for Floyd D. Spence PO Box 1475 Columbia, SC 29202	Purpose of Disbursement Floyd D. Spence, U.S. HOUSE 2nd SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/28/00	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Committee for Jay Inslee 570 Azalea NE Bellevue, WA 98110	Purpose of Disbursement Jay Inslee, U.S. HOUSE 4th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/28/00	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code McDonald For Congress 811 Market Street Suite 7 Kirkland, WA 98033	Purpose of Disbursement McDonald, U.S. HOUSE 1st WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/30/00	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code ADAM PUTNAM FOR CONGRESS PO Box 2426 Bartow, FL 33831	Purpose of Disbursement ADAM PUTNAM, U.S. HOUSE 12th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/30/00	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Sublette For Congress 25 South Magnolia St. Orlando, FL 32801	Purpose of Disbursement Bill Sublette, U.S. HOUSE 8th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/30/00	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Bob Thomas for Congress PO Box 17086 Little Rock, AR 72222	Purpose of Disbursement Bob Thomas, U.S. HOUSE 2nd AR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/30/00	Amount of Each Disbursement This Period 1,500.00
H. Full Name, Mailing Address and ZIP Code Scotty Baesler for Congress 2365 Harrodsburg Road Suite A100 Lexington, KY 40504	Purpose of Disbursement Scotty Baesler, U.S. HOUSE 8th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/30/00	Amount of Each Disbursement This Period 2,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

10,500.00

TOTAL This Period (last page this line number only)

77,640.62

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 9-15-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

JL
PREPARER

9-14-00
DATE PREPARED