



11th Floor

1111 14th Street, N.W.

Washington, D.C. 20005

(202) 898-2424

American Dental
Political Action Committee

April 25, 2000

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

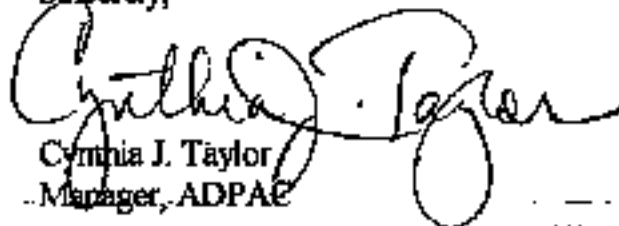
RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 APR 25 P 12:48

Dear Sir/Madam:

Please find enclosed our Committee's (I.D. #C00000729) **April 20th Report** covering the period of **March 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 11a. But for our software purposes and in order to keep generating our reports by computer—it is much simpler to continue reporting in this manner, as long as it is within FEC guidelines. Thank you for your cooperation and assistance.

Sincerely,


Cynthia J. Taylor
Manager, ADPAC

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 25 P 12:18

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		
CITY, STATE AND ZIP CODE Washington, DC 20005		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid-Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>03/01/00</u> through <u>03/31/00</u>		
6. (a) Cash on Hand January 1, 19 <u>00</u>		\$ 499,307.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 613,528.11	
(c) Total Receipts (from Line 15)	\$ 133,260.03	\$ 296,372.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 746,788.14	\$ 795,680.02
7. Total Disbursements (from Line 30)	\$ 166,778.76	\$ 204,670.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 580,009.38	\$ 591,009.39
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

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

Type or Print Name of Treasurer
Francis X. McLaughlin, Jr., Assistant Treasurer

Signature of Treasurer
Francis X. McLaughlin, Jr.

Date
4/25/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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FEC FORM 3X
(revised 8/93)

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

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
American Dental Political Action Committee	03/01/00	03/31/00	
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0.00	0.00	11(a)(1)
ii. Unitemized	0.00	0.00	11(a)(2)
iii. Total (add i and ii) >	0.00	0.00	11(a)(3)
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 ii, b and c) >	0.00	0.00	11(d)
12. Transfers From Affiliated/Other Party Committees	131,117.75	281,538.06	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.)	2,142.30	4,834.33	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) >	133,260.05	286,372.39	19
20. Total Federal Receipts (subtract line 18 from line 19) >	133,260.05	286,372.39	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(1)
ii. Non-Federal Share	75.76	566.45	21(a)(2)
b. Other Federal Operating Expenditures	75.76	566.45	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	75.76	566.45	21(c)
d. Total Operating Expenditures	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	148,433.00	197,836.18	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made			
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	6,288.00	6,288.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	156,776.76	204,670.63	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	156,776.76	204,670.63	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) >	75.76	566.45	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	75.76	566.45	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 20
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 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>Occupation</p> <p>Aggregate Year-to-Date > \$ 775.00</p>	<p>Date (month, day, year) 03/01/00</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>B. Full Name, Mailing Address and ZIP Code 6450 Dobbin Road Columbia, 21045</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maryland Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 10,325.00</p>	<p>Date (month, day, year) 03/15/00</p>	<p>Amount of Each Receipt this Period 10,250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code PO Box 3341 Harrisburg, 17105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pennsylvania Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 6,100.00</p>	<p>Date (month, day, year) 03/15/00</p>	<p>Amount of Each Receipt this Period 3,310.00</p>
<p>D. Full Name, Mailing Address and ZIP Code PO Box 3341 Harrisburg, 17105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pennsylvania Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 7,130.60</p>	<p>Date (month, day, year) 03/15/00</p>	<p>Amount of Each Receipt this Period 2,030.50</p>
<p>E. Full Name, Mailing Address and ZIP Code PO Box 3341 Harrisburg, 17105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pennsylvania Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 7,786.75</p>	<p>Date (month, day, year) 03/15/00</p>	<p>Amount of Each Receipt this Period 656.25</p>
<p>F. Full Name, Mailing Address and ZIP Code 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>Occupation</p> <p>Aggregate Year-to-Date > \$ 7,809.00</p>	<p>Date (month, day, year) 03/15/00</p>	<p>Amount of Each Receipt this Period 2,605.00</p>
<p>G. Full Name, Mailing Address and ZIP Code 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>Occupation</p> <p>Aggregate Year-to-Date > \$ 7,834.00</p>	<p>Date (month, day, year) 03/15/00</p>	<p>Amount of Each Receipt this Period 25.00</p>

SUBTOTAL of Receipts This Page (optional) 18,901.75

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 20
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
2033 6th Avenue Suite 333 Seattle, 98121	Washington Dental PAC	03/16/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 7,859.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
2033 6th Avenue Suite 333 Seattle, 98121	Washington Dental PAC	03/16/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 7,884.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
2501 Craswood Drive Suite 205 North Little Rock, AR 72116	Arkansas Dental PAC	03/15/00	525.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 6,975.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7833 Office Park Blvd. Baton Rouge, 70808	Louisiana Dental PAC	03/16/00	3,125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 8,745.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 120188 Nashville, 37212	Tennessee Dental PAC	03/15/00	3,125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 14,310.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7 Elk Street Albany, 12207	New York State Dental PAC	03/16/00	14,355.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 16,690.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
505 6th Avenue Suite 333 Des Moines, 50309-2379	Iowa Dental PAC	03/15/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 3,140.00			

SUBTOTAL of Receipts This Page (optional) **21,605.00**

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 20
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
405 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Iowa Dental PAC Occupation	03/15/00	25.00
Aggregate Year-to-Date > 6		3,165.00	
505 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Iowa Dental PAC Occupation	03/15/00	25.00
Aggregate Year-to-Date > 5		3,190.00	
605 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Iowa Dental PAC Occupation	03/15/00	25.00
Aggregate Year-to-Date > 5		3,215.00	
605 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Iowa Dental PAC Occupation	03/15/00	25.00
Aggregate Year-to-Date > 5		3,240.00	
505 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Iowa Dental PAC Occupation	03/15/00	25.00
Aggregate Year-to-Date > 5		3,265.00	
606 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Iowa Dental PAC Occupation	03/15/00	25.00
Aggregate Year-to-Date > 5		3,290.00	
505 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Iowa Dental PAC Occupation	03/15/00	50.00
Aggregate Year-to-Date > 5		3,340.00	

SUBTOTAL of Receipts This Page (optional) 200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **20**
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 505 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Iowa Dental PAC Occupation Date (month, day, year) 03/15/00 Aggregate Year-to-Date \$ 3,365.00	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and ZIP Code 505 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Iowa Dental PAC Occupation Date (month, day, year) 03/15/00 Aggregate Year-to-Date \$ 3,415.00	Amount of Each Receipt this Period 60.00
C. Full Name, Mailing Address and ZIP Code 505 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Iowa Dental PAC Occupation Date (month, day, year) 03/15/00 Aggregate Year-to-Date \$ 3,440.00	Amount of Each Receipt this Period 25.00
D. Full Name, Mailing Address and ZIP Code 505 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Iowa Dental PAC Occupation Date (month, day, year) 03/15/00 Aggregate Year-to-Date \$ 3,480.00	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code 505 5th Avenue Suite 333 Des Moines, 50309-2379 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Iowa Dental PAC Occupation Date (month, day, year) 03/15/00 Aggregate Year-to-Date \$ 3,585.00	Amount of Each Receipt this Period 75.00
F. Full Name, Mailing Address and ZIP Code 1840 Princeton Drive Louisville, 40205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kentucky Dental PAC Occupation Date (month, day, year) 03/15/00 Aggregate Year-to-Date \$ 225.00	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code 1840 Princeton Drive Louisville, 40205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kentucky Dental PAC Occupation Date (month, day, year) 03/15/00 Aggregate Year-to-Date \$ 325.00	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) **425.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code 3305 Arctic Blvd. Suite 102 Anchorage, 99503-4976	Name of Employer Alaska Dental PAC	Date (month, day, year) 03/15/00	Amount of Each Receipt this Period 175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 775.00	
B. 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) 03/15/00	Amount of Each Receipt this Period 5,275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 18,225.00	
C. Full Name, Mailing Address and ZIP Code PO Box 215 Manchester, 04351	Name of Employer Maine Dental PAC	Date (month, day, year) 03/15/00	Amount of Each Receipt this Period 1,175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,275.00	
D. Full Name, Mailing Address and ZIP Code 838 Washington Avenue Montgomery, AL 36104	Name of Employer Alabama Dental PAC	Date (month, day, year) 03/15/00	Amount of Each Receipt this Period 21,600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 21,600.00	
E. Full Name, Mailing Address and ZIP Code 8888 W. Charleston Blvd. Suite B Las Vegas, 89117	Name of Employer Nevada Dental PAC	Date (month, day, year) 03/15/00	Amount of Each Receipt this Period 2,725.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,725.00	
F. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 03/15/00	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 876.00	
G. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 03/15/00	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 976.00	

SUBTOTAL of Receipts This Page (optional)	31,180.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **20**
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
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/16/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,075.00	
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/16/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,175.00	
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,275.00	
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,375.00	
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,475.00	
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/16/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,600.00	

SUBTOTAL of Receipts This Page (optional) **625.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 20
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
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 1,700.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 1,800.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 1,900.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 2,000.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 2,100.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 2,200.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 2,300.00			

SUBTOTAL of Receipts This Page (optional) **700.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 20
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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/16/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,425.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,525.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,625.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,725.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,825.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/16/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,925.00	

SUBTOTAL of Receipts This Page (optional) 825.00

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 9 OF 20
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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
6888 W. Charleston Blvd. Suite B Las Vegas, 89117	Nevada Dental PAC	03/15/00	975.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	3,700.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 2467 Indianapolis, 46208-2467	Indiana Dental PAC	03/16/00	1,025.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	15,380.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1370 Dublin Road Columbus, 43215	Ohio Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7 Elk Street Albany, 12207	New York State Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	18,690.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1370 Dublin Road Columbus, 43215	Ohio Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
838 Washington Avenue Montgomery, AL 36104	Alabama Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	21,700.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 1707 Jefferson City, 65102-1707	Missouri Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	5,975.00	

SUBTOTAL of Receipts This Page (optional) 2,500.00

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 **10** OF **20**
FOPI 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 Committees

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1220 West Hays Street Boise, 83702	Idaho Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 2467 Indianapolis, 46206-2467	Indiana Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 15,450.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 3341 Harrisburg, 17105	Pennsylvania Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,886.78	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
17888 SW McEwan Road Portland, 97224-7798	Oregon Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,900.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 2467 Indianapolis, 46206-2467	Indiana Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 15,550.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
4131 North 38th Street Phoenix, 85018	Arizona Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,840.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 1707 Jefferson City, 65102-1707	Missouri Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 6,075.00	

SUBTOTAL of Receipts This Page (optional) 700.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 20
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>PO Box 1707 Jefferson City, 65102-1707</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Missouri Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 6,175.00</p>	<p>Date (month, day, year)</p> <p>03/18/00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 3341 Harrisburg, 17106</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pennsylvania Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 7,866.75</p>	<p>Date (month, day, year)</p> <p>03/19/00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>1111 E. Tennessee Street Suite 102 Tallahassee, FL 32308-6914</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Florida Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 18,325.00</p>	<p>Date (month, day, year)</p> <p>03/19/00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>120 Stonemark Lane Columbia, 29210</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer South Carolina Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 100.00</p>	<p>Date (month, day, year)</p> <p>03/19/00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>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>Occupation</p> <p>Aggregate Year-to-Date > \$ 3,000.00</p>	<p>Date (month, day, year)</p> <p>03/18/00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 3388 Austin, TX 78784</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Texas Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 100.00</p>	<p>Date (month, day, year)</p> <p>03/19/00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>4131 North 38th Street Phoenix, 85018</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Arizona Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 3,640.00</p>	<p>Date (month, day, year)</p> <p>03/19/00</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>700.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 12 OF 20
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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 1906 Richmond, 23230	Virginia Dental PAC	03/18/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 13749 Sacramento, CA 95863	California Dental PAC	03/18/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 235.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
83 Spear Street Natick, 01750	Massachusetts Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,488.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1370 Dublin Road Columbus, 43215	Ohio Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
62 Russ Street Hartford, 06108	Connecticut Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1370 Dublin Road Columbus, 43215	Ohio Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
4131 North 38th Street Phoenix, 85018	Arizona Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,040.00	

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
62 Russ Street Hartford, 06106	Connecticut Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 376 1010 S. 2nd St.(zip-62704) Springfield, 62705	Illinois Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 15,978.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 4099 Cary, 27518	North Carolina Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7 Elk Street Albany, 12207	New York State Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 16,780.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7 Elk Street Albany, 12207	New York State Dental PAC	03/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 16,880.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7 Elk Street Albany, 12207	New York State Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 16,980.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7 Elk Street Albany, 12207	New York State Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 17,080.00	

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOIA 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
PO Box 378 1010 S. 2nd St. (zip-62704) Springfield, 62705	Illinois Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 16,078.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
2630 Ridgewood Road Jackson, 39215	Mississippi Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 925.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7000 Peachtree Dunwoody Rd, NE Suite 200, Building 17 Atlanta, GA 30328-1656	Georgia Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1151 East 3900 South Suite B-160 Salt Lake City, 84124	Utah Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 1707 Jefferson City, 66102-1707	Missouri Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 6,275.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
230 Washington Square, North Suite 205 Lansing, 48933	Michigan Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,150.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 120188 Nashville, 37212	Tennessee Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 14,410.00	

SUBTOTAL of Receipts This Page (optional) **700.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
4131 North 38th Street Phoenix, 85018	Arizona Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,140.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7 Elk Street Albany, 12207	New York State Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 17,180.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 3341 Harrisburg, 17105	Pennsylvania Dental PAC	03/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 8,085.75	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
17888 SW McEwan Road Portland, 97224-7788	Oregon Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
2630 Ridgewood Road Jackson, 39218	Mississippi Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,025.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7833 Office Park Blvd. Baton Rouge, 70809	Louisiana Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 8,845.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 1707 Jefferson City, 65102-1707	Missouri Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 8,375.00	

SUBTOTAL of Receipts This Page (optional) **700.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 16 OF 20
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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
4131 North 38th Street Phoenix, 85018	Arizona Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 4,240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1940 Princeton Drive Louisville, 40205	Kentucky Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 425.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
8460 Dobbin Road Columbia, 21045	Maryland Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 10,425.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
7 Elk Street Albany, 12207	New York State Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 17,290.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PO Box 13749 Sacramento, CA 95853	California Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 335.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 3,025.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Wisconsin Dental PAC	03/31/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 3,125.00	

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

A. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 03/31/00	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > \$ 3,225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 03/31/00	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > \$ 3,325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 03/31/00	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > \$ 3,425.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 03/31/00	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > \$ 3,525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 03/31/00	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > \$ 3,625.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 03/31/00	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > \$ 3,725.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code 111 E. Wisconsin Avenue, #1300 Milwaukee, 53202-4811	Name of Employer Wisconsin Dental PAC	Date (month, day, year) 03/31/00	Amount of Each Receipt this Period 25.00
	Occupation	Aggregate Year-to-Date > \$ 3,750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **625.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **16** OF **20**
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>200 Centerville Place Warwick, 02886-4339</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Rhode Island Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 4,725.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 4,725.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 376 1010 S. 2nd St.(zip-62704) Springfield, 62705</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Illinois Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 19,003.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 2,025.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 6908 Richmond, 23230</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Virginia Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 600.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 376 1010 S. 2nd St.(zip-62704) Springfield, 62705</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Illinois Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 18,228.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 225.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>PO Box 5808 Richmond, 23230</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Virginia Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 5,650.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 4,960.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48833</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 9,825.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 2,775.00</p>
<p>G. 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>Occupation</p> <p>Aggregate Year-to-Date > \$ 6,259.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 375.00</p>

SUBTOTAL of Receipts This Page (optional) **16,575.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE **19** OF **26**
FOR LINE NUMBER **12**

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

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>PQ Box 215 Manchester, 04361</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maine Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 3,000.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 1,725.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>83 Speen Street Natick, 01760</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Massachusetts Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,368.64</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 1,878.88</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>1000 Bishop Street Suite 806 Honolulu, 96813</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hawaii Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 3,925.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 3,925.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>1111 E. Tennessee Street Suite 102 Tallahassee, FL 32308-9814</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Florida Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 20,625.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 2,300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48933</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 11,176.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 1,260.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>230 Washington Square, North Suite 208 Lansing, 48933</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Dental PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 13,458.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 2,291.00</p>
<p>G. 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>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,734.00</p>	<p>Date (month, day, year) 03/31/00</p>	<p>Amount of Each Receipt this Period 476.00</p>

SUBTOTAL of Receipts This Page (optional) **13,835.98**

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 20 OF 20
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
PO Box 2467 Indianapolis, 46208-2467 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Indiana Dental PAC Occupation: Aggregate Year-to-Date > \$ 15,650.00	03/31/00	100.00
B. Full Name, Mailing Address and ZIP Code PO Box 1707 Jefferson City, 65102-1707 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Missouri Dental PAC Occupation: Aggregate Year-to-Date > \$ 8,200.00	03/31/00	1,625.00
C. Full Name, Mailing Address and ZIP Code 7000 Peachtree Dunwoody Rd,NE Suite 200, Building 17 Atlanta, GA 30328-1655 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Georgia Dental PAC Occupation: Aggregate Year-to-Date > \$ 15,725.00	03/31/00	15,625.00
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)			15,850.00
TOTAL This Period (last page this line number only)			131,117.73

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mellon Hard Dollar Acct ND		03/31/00	88.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 247.03		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dreyfus Hard Dollar Acct NJ		03/31/00	1,975.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 4,265.75		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Hard Dollar Acct DC		03/31/00	78.10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 321.85		
D. 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 > \$		
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)	2,142.30
TOTAL This Period (last page this line number only)	2,142.30

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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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
Mellon Hard Dollar Account MD	service charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/00	50.76
B. Full Name, Mailing Address and ZIP Code Grestar Hard Dollar Account 1445 New York Avenue Washington, DC 20005	service charge-transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/00	15.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each 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)

76.76

TOTAL This Period (last page this line number only)

76.76

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 8
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Waxman Campaign Committee 8885 Wilshire Blvd. Suite 220 Beverly Hills, CA 90211	Henry A. Waxman, U.S. HOUSE 29th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/01/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Committee for Joe Scarborough FL	Joe Scarborough, U.S. HOUSE 1st FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/01/00	1,000.00
C. Full Name, Mailing Address and ZIP Code The Tom Sawyer Committee	Tom Sawyer, U.S. HOUSE 14th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Tiberl 2000 OH	Patrick Tiberl, U.S. HOUSE 12th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Sublette For Congress	Bill Sublette, U.S. HOUSE 8th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/00	1,500.00
F. Full Name, Mailing Address and ZIP Code (Tom) Barrett for Congress 7720 Rogers Avenue Wauwatosa, WI 53213	Thomas M. Barrett, U.S. HOUSE 5th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Bob Ney for Congress	Bob Ney, U.S. HOUSE 18th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/02/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Committee for Xavier Becerra CA	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/07/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Cramer for Congress	Kevin Cramer, U.S. HOUSE AL ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

10,500.00

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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
Committee for David Minge MN	David Minge, U.S. HOUSE 2nd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/00	1,000.00
FRIENDS OF RONNIE SHOWS P.O. BOX 3862 JACKSON, MS 39207	Ronnie Shows, U.S. HOUSE 4th MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/00	500.00
Kenny Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	Kenny Hulshof, U.S. HOUSE 9th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/08/00	1,000.00
Internal Revenue Service Philadelphia, PA	1999 DC Tax Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/09/00	33.00
Byrum For Congress PO Box 20191 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	03/09/00	1,000.00
Brady for Congress	Kevin Brady, U.S. HOUSE 8th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/09/00	1,000.00
Bayne For Congress PO BOX 3392 ROCK ISLAND, IL 61201	BAYNE, U.S. HOUSE 17th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/09/00	1,000.00
Capitol Hill Club 300 First Street, S.E. Washington, DC 20003	in-kind contribution for Cong. Bonilla Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/00	394.35 (In-Kind)
Texans for Henry Bonilla 15843 Cloud Top San Antonio, TX 78248	in-kind contribution for Cong. Bonilla Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/00	394.35 (Name In-Kind)

SUBTOTAL of Disbursements This Page (optional)

5,927.35

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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
Texans for Henry Bonilla 16643 Cloud Top San Antonio, TX 78248	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/10/00	605.65
Robert Wexler for Congress Com.	Robert Wexler, U.S. HOUSE 19th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/10/00	1,600.00
Bill McCollum for Congress 600 Thistlewood Court Longwood, FL 32779	Bill McCollum, U.S. HOUSE 8th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/10/00	600.00
Committee for Joseph I. Lieberman CT	Joseph I. Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/14/00	1,000.00
Citizens for John Oliver for Congress PO Box 619 Amherst, MA 01004	John Oliver, U.S. HOUSE 1st MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/14/00	1,000.00
Jim Kolbe '98 PO Box 31568 Tucson, AZ 85731	Jim Kolbe, U.S. HOUSE 6th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/14/00	1,500.00
Bishop for Congress PO Box 909 Columbus, GA 31902	Sanford D. Bishop, U.S. HOUSE 2nd GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/14/00	1,000.00
Mascara for Congress 531 Lincoln Avenue Charlertoi, PA 15022	Frank R. Mascara, U.S. HOUSE 20th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/14/00	600.00
Bob Stump Election Committee 1460 West Key Largo Court Gilbert, AZ 85234	Bob Stump, U.S. HOUSE 3rd AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/14/00	2,500.00

SUBTOTAL of Disbursements This Page (optional)

10,105.65

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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
Committee for Daniel K. Akaka HI	Daniel K. Akaka, U.S. SENATE HI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/14/00	2,000.00
B. Full Name, Mailing Address and ZIP Code Kennedy for Senate (Edward) 428 C Street, NE Rear Building Washington, DC 20002	Edward M. Kennedy, U.S. SENATE MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/16/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Brady For Congress	William Brady, U.S. HOUSE 15th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/16/00	1,500.00
D. Full Name, Mailing Address and ZIP Code Committee for Nancy Pelosi CA	Nancy Pelosi, U.S. HOUSE 8th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/16/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Sweeney for Congress PO Box 4137 Clifton Park, NY 12065	John Sweeney, U.S. HOUSE 22nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/16/00	500.00
F. Full Name, Mailing Address and ZIP Code Ashcroft 2000 PO Box 464 Jefferson City, MO 65102	John Ashcroft, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/16/00	1,000.00
G. Full Name, Mailing Address and ZIP Code John Shadegg for Congress PO Box 45444 Phoenix, AZ 85064	John Shadegg, U.S. HOUSE 4th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/19/00	3,000.00
H. Full Name, Mailing Address and ZIP Code Mike Taylor For Congress 38 IVY STREET, SE WASHINGTON, DC 20003	TAYLOR, U.S. HOUSE 8th NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/19/00	1,400.00
I. Full Name, Mailing Address and ZIP Code Culberson For Congress	John Culberson, U.S. HOUSE 7th TX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary Run Off -Texas	03/18/00	6,000.00

SUBTOTAL of Disbursements This Page (optional)

16,400.00

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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
Citizens for Dave Obey Committee PO Box 1322 Wausau, WI 54402	David R. Obey, U.S. HOUSE 7th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/27/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Committee for James M. Jeffords VT	James M. Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/27/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Mike Ross For Congress Committee	Purpose of Disbursement ROSS, U.S. HOUSE 4th AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/27/00	500.00
D. Full Name, Mailing Address and ZIP Code Committee for Elton Gallegly CA	Purpose of Disbursement Elton Gallegly, U.S. HOUSE 23rd CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/00	500.00
E. Full Name, Mailing Address and ZIP Code Committee for Kent Conrad ND	Purpose of Disbursement Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/00	1,000.00
F. Full Name, Mailing Address and ZIP Code People for Ganske Committee 521 E. Locust Avenue Des Moines, IA 50308	Purpose of Disbursement Grag Ganske, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/00	500.00
G. Full Name, Mailing Address and ZIP Code Kildee for Congress PO Box 317 Flint, MI 48601	Purpose of Disbursement Dale E. Kildee, U.S. HOUSE 9th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/00	500.00
H. Full Name, Mailing Address and ZIP Code Moran for Congress PO Box 128 Hays, KS 67601	Purpose of Disbursement Jerry Moran, U.S. HOUSE 1st KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/00	500.00
I. Full Name, Mailing Address and ZIP Code Friends of George Nethercutt/current PO Box 1825 Spokane, WA 99210	Purpose of Disbursement George Nethercutt, U.S. HOUSE 5th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

5,600.00

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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
Committee for Conrad Burns PO Box 1532 Billings, MT 59103	Conrad Burns, U.S. SENATE MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/00	1,000.00
Nathan Deal for Congress	Nathan Deal, U.S. HOUSE 9th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/00	500.00
Abercrombie for Congress	Nell Abercrombie, U.S. HOUSE 1st HI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/00	500.00
Bonior for Congress 3270 Grandview Court Shelby Township, MI 48316	David E. Bonior, U.S. HOUSE 10th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/00	1,000.00
Lincoln Chafee for US Senate RI	Chafee, U.S. HOUSE 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/29/00	1,000.00
Democratic Congressional Campaign Committee 430 S. Capitol St., SE Washington, DC 20003	Membership dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/00	15,000.00
Democratic Senatorial Campaign Committee 430 S. Capitol Street, SE Washington, DC 20003	Membership Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/00	15,000.00
Democratic National Committee 430 S. Capitol St., SE Washington, DC 20003	Membership Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/00	15,000.00
National Republican Senatorial Committee 425 Second St., NE Washington, DC 20002	Membership Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/00	15,000.00

SUBTOTAL of Disbursements This Page (optional)

64,000.00

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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
Republican National Committee 310 First Street S.E. Washington, DC 20003	Membership Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/00	15,000.00
B. Full Name, Mailing Address and ZIP Code Committee for Ben Nelson NE	Purpose of Disbursement Ben Nelson, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/30/00	2,000.00
C. Full Name, Mailing Address and ZIP Code Hoosiers Supporting Steve Buyer for Congress PO Box 712 Monticello, IN 47960	Purpose of Disbursement Steve Buyer, U.S. HOUSE 5th IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/30/00	3,000.00
D. Full Name, Mailing Address and ZIP Code Committee for Donald Manzullo PO Box 7783 Rockford, IL 61125	Purpose of Disbursement Donald Manzullo, U.S. HOUSE 16th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/30/00	2,000.00
E. Full Name, Mailing Address and ZIP Code Committee for Jon Kyl AZ	Purpose of Disbursement Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/30/00	1,000.00
F. Full Name, Mailing Address and ZIP Code People for English Committee PO Box 1940 Erie, PA 16507	Purpose of Disbursement Phil English, U.S. HOUSE 21st PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/30/00	2,500.00
G. Full Name, Mailing Address and ZIP Code Ted House For Congress Committee	Purpose of Disbursement Ted House, U.S. HOUSE 2nd MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Chambless for Congress PO Box 605 Moultrie, GA 31776	Purpose of Disbursement Saxby Chambless, U.S. HOUSE 5th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Bishop for Congress PO Box 909 Columbus, GA 31902	Purpose of Disbursement Sanford D. Bishop, U.S. HOUSE 2nd GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

28,500.00

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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
Sunny Warren for Congress PO Box 2833 Norcross, GA 30071	Sunny Warren, U.S. HOUSE 4th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Committee for Slade Gorton WA	Purpose of Disbursement Slade Gorton, U.S. SENATE WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75211	Purpose of Disbursement Martin Frost, U.S. HOUSE 24th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Ed Schrock for Congress	Purpose of Disbursement Ed Schrock, U.S. HOUSE 2nd VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Jim Davis for Congress 209 Blanca Avenue Tampa, FL 33606	Purpose of Disbursement Jim Davis, U.S. HOUSE 11th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 20 E. Main Street Suite 235 Waterbury, CT 06702	Purpose of Disbursement Jim Maloney, U.S. HOUSE 5th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Doggott for U.S. Congress Committee PO Box 5843 Austin, TX 78763	Purpose of Disbursement Lloyd Doggett, U.S. HOUSE 10th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	1,000.00
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)

7,500.00

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148,433.00

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ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

American Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Soft Dollar Account 1445 New York Avenue Washington, DC 20005	1998 income tax payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/09/00	2,004.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Hard Dollar Account 1445 New York Avenue Washington, DC 20005	1998 income tax payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/08/00	4,284.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

5,288.00

TOTAL This Period (last page this line number only)

6,288.00

