

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

American Dental Association Political Action Committee

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

10 / 01 / 2015 through 10 / 31 / 2015

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 Dr. Thomas F. Harrison

Signature of Treasurer Dr. Thomas F. Harrison [Electronically Filed] Date / /

11 / 19 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="419310.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="431357.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="170574.69"/>	<input type="text" value="869259.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="601932.63"/>	<input type="text" value="1288570.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64096.54"/>	<input type="text" value="750734.36"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="537836.09"/>	<input type="text" value="537836.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	131642.67	287882.67
(ii) Unitemized	35678.00	533052.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	167320.67	820934.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	167320.67	820934.85
12. Transfers From Affiliated/Other Party Committees.....	738.07	43082.71
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	15.95	241.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	170574.69	869259.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	170574.69	869259.46

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6346.54	11392.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6346.54	11392.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57750.00	737550.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	105.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	105.00
29. Other Disbursements	0.00	1686.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	64096.54	750734.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64096.54	750734.36

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	167320.67	820934.85
34. Total Contribution Refunds (from Line 28(d))	0.00	105.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	167320.67	820829.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6346.54	11392.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6346.54	11392.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Dr Eva Fridy Ackley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5012 Westshore Dr
 City New Port Richey State FL Zip Code 34652-3042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 20 / 2015**
Transaction ID : AD88DA88AB1D44A11B5A
 Amount of Each Receipt this Period **1000.00**

B. Dr David C Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 9028 Parliament Dr
 City Burke State VA Zip Code 22015-2152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 28 / 2015**
Transaction ID : AA57A6F4D94AE49AA864
 Amount of Each Receipt this Period **500.00**

C. Dr Richard F Andolina Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 16
 City Arkport State NY Zip Code 14807-0016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **10 / 28 / 2015**
Transaction ID : A1062EF14A29F4FC1945
 Amount of Each Receipt this Period **1000.00**
 ERMK: Paul Gosar For Congress

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Michael P Arrigo
Full Name (Last, First, Middle Initial)

Mailing Address 27 Long HI

City State Zip Code
Boxford MA 01921-2453

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

Name of Employer Occupation
self-employed Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : AFC133B7B065744E3BDE

Amount of Each Receipt this Period
1000.00

B. Dr Douglas Auld
Full Name (Last, First, Middle Initial)

Mailing Address 1310 Douglas Rd

City State Zip Code
McAlester OK 74501-7160

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

Name of Employer Occupation
self-employed Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2015

Transaction ID : ABE972E4A40514158813

Amount of Each Receipt this Period
500.00

c. Dr L Tanya J Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Hartstone Dr

City State Zip Code
Colfax NC 27235-9421

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

Name of Employer Occupation
self-employed Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : A2E12C17A10174045B67

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Jean E Bainbridge
Full Name (Last, First, Middle Initial)
Mailing Address 5901 Swiss Ave
City Dallas State TX Zip Code 75214-4321
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation Dentist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **208.33**

Date of Receipt **10 / 29 / 2015**
Transaction ID : A50C4F3D8829545EBA50
Amount of Each Receipt this Period **166.67**

B. Dr Lynne E Barbour
Full Name (Last, First, Middle Initial)
Mailing Address 288 E Thompson St
City Kahoka State MO Zip Code 63445-1762
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation Dentist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 17 / 2015**
Transaction ID : A8B72DACEB4DF4E13A05
Amount of Each Receipt this Period **250.00**

C. Dr Bradley W Barnes
Full Name (Last, First, Middle Initial)
Mailing Address 13775 Benjamin Ct
City Bloomington State IL Zip Code 61705-5143
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation Dentist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : AFDF0A2FA2FD14FDA9DB
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1416.67**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr Terry L Barnfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Lakedale Dr
 City Salem State IL Zip Code 62881-2557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : AA6E330AAB9714EFDB36
 Amount of Each Receipt this Period **1000.00**

B. Dr Tatiana Barton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2539 Bedford St Apt 38L
 City Stamford State CT Zip Code 06905-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A4A17ADF578ED4C17906
 Amount of Each Receipt this Period **250.00**

C. Dr Alonzo M Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3507 Malvern Ct
 City Alexandria State VA Zip Code 22304-1852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 28 / 2015**
Transaction ID : AEC8A4A00D6CC47D29C6
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr James D Benz
Full Name (Last, First, Middle Initial)

Mailing Address 3926 Gloria Ct

City Glenview	State IL	Zip Code 60025-2433
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FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : AE28D857AFDC645D9A9F

Amount of Each Receipt this Period
250.00

B. Dr Tamara S Berg
Full Name (Last, First, Middle Initial)

Mailing Address 1012 Kingsridge Dr

City Yukon	State OK	Zip Code 73099-3427
---------------	-------------	------------------------

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

Name of Employer self-employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2015

Transaction ID : A4FA9FB778F97451AA20

Amount of Each Receipt this Period
500.00

C. Mrs. Jerilyn R. Bird
Full Name (Last, First, Middle Initial)

Mailing Address 1983 Rockledge Dr

City Rockledge	State FL	Zip Code 32955-4916
-------------------	-------------	------------------------

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

Name of Employer Drs. Bird & Johnson Oral Surgery	Occupation Office Manager
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : A25A9D34E45F046E3849

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Gerald W Bird
 Full Name (Last, First, Middle Initial)
 Mailing Address 1983 Rockledge Dr
 City Rockledge State FL Zip Code 32955-4916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 09 / 2015**
Transaction ID : AD8A6AD98BC5A4BFE83E
 Amount of Each Receipt this Period **1000.00**

B. Dr Richard C Black
 Full Name (Last, First, Middle Initial)
 Mailing Address 144 Camino Barranca
 City El Paso State TX Zip Code 79912-3434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **10 / 06 / 2015**
Transaction ID : AFDEC919E1B864E49ACD
 Amount of Each Receipt this Period **250.00**
 ERMK: Paul Gosar For Congress

C. Dr Bryan C Blew
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 25th Avenue Ct
 City Rock Island State IL Zip Code 61201-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A239676C0B507464C916
 Amount of Each Receipt this Period **1500.00**

SUBTOTAL of Receipts This Page (optional)..... **2750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Dr Alice G Boghosian
Full Name (Last, First, Middle Initial)

Mailing Address 6036 N Navarre Ave
Ste 302

City Chicago State IL Zip Code 60631-2629

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 26 / 2015
Transaction ID : A7C8CE0FFF3564FE5A07

Amount of Each Receipt this Period
250.00

B. Dr Susan Bordenave Bishop
Full Name (Last, First, Middle Initial)

Mailing Address 7314 N Edgewild Dr

City Peoria State IL Zip Code 61614-2114

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 26 / 2015
Transaction ID : A27502B4B8BBA428A90D

Amount of Each Receipt this Period
1000.00

C. John Boss
Full Name (Last, First, Middle Initial)

Mailing Address 1 River Pl

City Lowell State MA Zip Code 01852-1035

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2015
Transaction ID : AD3119B10923E4026AB3

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Nona I Breeland
Full Name (Last, First, Middle Initial)

Mailing Address 2524 Mill Ridge Ln

City Chapel Hill State NC Zip Code 27514-8239

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A3D632480C4114C31931

Amount of Each Receipt this Period 500.00

B. Dr Kevin Patrick Bryant
Full Name (Last, First, Middle Initial)

Mailing Address 8 Balfour Ct

City Signal Mountain State TN Zip Code 37377-2321

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2015
Transaction ID : A4FA3572166B04B72959

Amount of Each Receipt this Period 1000.00

C. Dr James H Bryniarski
Full Name (Last, First, Middle Initial)

Mailing Address 199 Parkview Rd

City Riverside State IL Zip Code 60546-2407

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A3D747B0A7B3C426A98C

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr John G Buchanan
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Country Club Dr
 City Lexington State NC Zip Code 27292-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : A65B0A52B8A6E4162A40
 Amount of Each Receipt this Period **1000.00**

B. Mrs. Jeanie Buchanan
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Country Club Dr
 City Lexington State NC Zip Code 27292-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : A17E4E0B32B504ED18E5
 Amount of Each Receipt this Period **500.00**

C. Dr Christopher M Bulnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 10503 Chamberlain Ct
 City Tampa State FL Zip Code 33626-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **588.00**

Date of Receipt **10 / 29 / 2015**
Transaction ID : A39F42E316BCF4D219A0
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Mary H Burke
Full Name (Last, First, Middle Initial)

Mailing Address 918 Woodleigh Ct

City Saint Louis State MO Zip Code 63122-4805

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 17 / 2015
Transaction ID : ABE120CF619244713964

Amount of Each Receipt this Period
250.00

B. Dr Robert E Butler
Full Name (Last, First, Middle Initial)

Mailing Address 10014 Canterbury Farms Ct

City Saint Louis State MO Zip Code 63128-3278

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
10 / 13 / 2015
Transaction ID : A20827E6C96AF4AA5AF8

Amount of Each Receipt this Period
1.00

C. Dr Rex Brown Card
Full Name (Last, First, Middle Initial)

Mailing Address 1732 Chalk Rd

City Wake Forest State NC Zip Code 27587-9160

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 27 / 2015
Transaction ID : ADBB93E59792B4F428E9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 751.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Robert Henley Carpenter Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 738 Broadway
 City Columbus State GA Zip Code 31901-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 21 / 2015**
Transaction ID : AF8FEDC85840944359AC
 Amount of Each Receipt this Period **250.00**

B. Dr Scott W Cashion
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 Turnstone Trl
 City Greensboro State NC Zip Code 27455-1370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : AEF8E3DAB89B3469E86F
 Amount of Each Receipt this Period **500.00**

C. Dr Scott Richard Cayouette
 Full Name (Last, First, Middle Initial)
 Mailing Address 5108 Old York Crse
 City Hollywood State SC Zip Code 29449-5851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 28 / 2015**
Transaction ID : AB9FA84FB8E0D4D1B8AE
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 17 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Rainey Fair Chadwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 Squires Pt
 City State Zip Code
 Duncan SC 29334-8869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : A5E0FFAA86FFC4D699B2
 Amount of Each Receipt this Period
 250.00

B. Dr D Gregory Chadwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Forrest Park
 City State Zip Code
 Greenville NC 27858-6612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : AC7AEA49A77C040C0AA3
 Amount of Each Receipt this Period
 500.00

C. Dr Mark Stephen Chaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Penns Chapel Rd
 City State Zip Code
 Mandeville LA 70471-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : A7DF27A76859A4D48BC9
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Daniel Keith Cheek
Full Name (Last, First, Middle Initial)

Mailing Address 301 Kinsale Dr

City Chapel Hill State NC Zip Code 27517-3436

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 27 / 2015
Transaction ID : A1F2908BF9A36450E881

Amount of Each Receipt this Period
500.00

B. Dr Gerald J Ciebien
Full Name (Last, First, Middle Initial)

Mailing Address 197 N Delaplaine Rd

City Riverside State IL Zip Code 60546-2060

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 26 / 2015
Transaction ID : A3D9B12B7401348DA951

Amount of Each Receipt this Period
250.00

C. Dr Christopher M Connell
Full Name (Last, First, Middle Initial)

Mailing Address 5395 Meadow Wood Blvd

City Lyndhurst State OH Zip Code 44124-3754

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 29 / 2015
Transaction ID : A0303E63A9CED4BD7951

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Kevin Corry
Full Name (Last, First, Middle Initial)

Mailing Address 66 Midland Ave

City Wyckoff State NJ Zip Code 07481-3344

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 22 / 2015
Transaction ID : A7BA4AC0CB3434922A9F

Amount of Each Receipt this Period 1000.00

B. Dr Mark A Crabtree
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Mulberry Rd

City Martinsville State VA Zip Code 24112-5220

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : AD6D7A2ADBA6041EB948

Amount of Each Receipt this Period 1000.00

c. Dr Sally J. Cram
Full Name (Last, First, Middle Initial)

Mailing Address 6341 Linway Ter

City Mc Lean State VA Zip Code 22101-4108

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2015
Transaction ID : AF94F9325C8B0423BAAB

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Chauncey Cross
Full Name (Last, First, Middle Initial)

Mailing Address 2401 Country Club Dr

City Springfield State IL Zip Code 62704-3215

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A12671B40FB4B4518AA6

Amount of Each Receipt this Period 500.00

B. Dr Paul Edward Cullum
Full Name (Last, First, Middle Initial)

Mailing Address 104 Wellesley Pl

City Columbia State TN Zip Code 38401-5704

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2015
Transaction ID : A4A6B709F718F4FEB95C

Amount of Each Receipt this Period 1000.00

c. Dr Catherine H Cunningham
Full Name (Last, First, Middle Initial)

Mailing Address 1338 Rodessa Run

City Raleigh State NC Zip Code 27607-6011

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A7E0F4FCB201742338D9

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Nelson P Daly
Full Name (Last, First, Middle Initial)

Mailing Address 15318 Campanile Ct

City Baton Rouge State LA Zip Code 70810-8379

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2015
Transaction ID : A000B8A44F8E8455F941

Amount of Each Receipt this Period 1000.00

B. Dr Michael D Danner
Full Name (Last, First, Middle Initial)

Mailing Address 24842 Emanuel Ln

City Tremont State IL Zip Code 61568-9535

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A5DDAA83FC67147B9801

Amount of Each Receipt this Period 1500.00

C. Dr C. Scott Scott Davenport
Full Name (Last, First, Middle Initial)

Mailing Address 6601 Alexander Hall Dr

City Charlotte State NC Zip Code 28270-2879

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A216AB52F68AF4C9BB8E

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Elizabeth A Demichelis
 Full Name (Last, First, Middle Initial)
 Mailing Address 904 Topaz Ln
 City Ripon State CA Zip Code 95366-2266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : A6E747DEA415845D080E
 Amount of Each Receipt this Period
 250.00

B. Dr Mark Bryant Desrosiers
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 Saybrook Rd Lowr LEVEL
 City Middletown State CT Zip Code 06457-4743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A70290B3E29C24FB4B67
 Amount of Each Receipt this Period
 1000.00

C. Mrs. Susan Desrosiers
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Anderson Rd
 City Pomfret Center State CT Zip Code 06259-2228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARC-Quinnebaug Valley Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : ABA6C3D10D3404C80869
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mark Joseph Doherty
Full Name (Last, First, Middle Initial)

Mailing Address 12 Colleen Dr

City Lakeville State MA Zip Code 02347-1663

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2015
Transaction ID : AB64D649F57374F4781F

Amount of Each Receipt this Period 1000.00

B. Dr William Vincent Dougherty III
Full Name (Last, First, Middle Initial)

Mailing Address 3701 25th St N

City Arlington State VA Zip Code 22207-5011

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A9E860BA6BC9C4C42BFB

Amount of Each Receipt this Period 1000.00

C. Dr Peter Johann Drews
Full Name (Last, First, Middle Initial)

Mailing Address 198 County Rd

City Turner State ME Zip Code 04282-4218

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A28067561A04D4A68AD6

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Dr Dwight D Duckworth
 Full Name (Last, First, Middle Initial)
 Mailing Address 6028 Nancy Vista Ter
 City Springdale State AR Zip Code 72762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 12 / 2015**
Transaction ID : AE71A667B58F44076B2F
 Amount of Each Receipt this Period **250.00**

B. Dr Michael G Durbin
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Cherry Creek Ln
 City Prospect Heights State IL Zip Code 60070-1095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A7EBB66F1C9214BB3B31
 Amount of Each Receipt this Period **1000.00**

C. Dr Walter D Fain
 Full Name (Last, First, Middle Initial)
 Mailing Address 3225 Bunker Hill Dr
 City Knoxville State TN Zip Code 37920-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 17 / 2015**
Transaction ID : A5FC3999DBA24417C83B
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr John T Fales Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 14075 W 143rd St

City Olathe State KS Zip Code 66062-9517

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2015
Transaction ID : A19AF1B8F884D4031A9B

Amount of Each Receipt this Period 250.00

B. Dr Phillip J Fijal
Full Name (Last, First, Middle Initial)

Mailing Address 918 Lakewood Dr

City Barrington State IL Zip Code 60010-4696

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A0BED8AF45BE54BFD8E6

Amount of Each Receipt this Period 1000.00

C. Dr John P Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 414 Ocean Ave

City Marblehead State MA Zip Code 01945-3853

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A8A60E60557824AB4A29

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Charles B Foy Jr
Full Name (Last, First, Middle Initial)

Mailing Address 7 Greenbriar Dr

City Covington State LA Zip Code 70433-4542

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2015
Transaction ID : A89C10FE6E63F4F19929

Amount of Each Receipt this Period 500.00

B. Dr James P Frett
Full Name (Last, First, Middle Initial)

Mailing Address 722 E Mayfair Rd

City Arlington Heights State IL Zip Code 60005-2022

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

Name of Employer Self employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A50F7016524DB4128913

Amount of Each Receipt this Period 250.00

C. Dr David J Fulton Jr
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Golf Rd

City Waukegan State IL Zip Code 60087-4831

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2015
Transaction ID : AF9D33A94FFD14B20868

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Neela Gandhi
Full Name (Last, First, Middle Initial)

Mailing Address 250 Hammond Pond Pkwy
Apt 811

City Chestnut Hill State MA Zip Code 02467-1533

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 26 / 2015
Transaction ID : A09B145B58BCE4DE586C

Amount of Each Receipt this Period
250.00

B. Dr H Lee Gardner Jr
Full Name (Last, First, Middle Initial)

Mailing Address 509 E Lydia Hwy

City Hartsville State SC Zip Code 29550-6309

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 28 / 2015
Transaction ID : A16208BBD982C445E942

Amount of Each Receipt this Period
500.00

C. Dr Daniel J Gesek Jr
Full Name (Last, First, Middle Initial)

Mailing Address 3829 Cricket Cove Rd E

City Jacksonville State FL Zip Code 32224-8403

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 26 / 2015
Transaction ID : A28D18FE0A5434079B44

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Dr Anthony N Giamberardino
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Country Club Rd
 City Gilford State NH Zip Code 03249-6972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A9495AC1117E048B3A1C
 Amount of Each Receipt this Period **500.00**

B. Dr Eugene T Giannini
 Full Name (Last, First, Middle Initial)
 Mailing Address 5104 Rockwood Pkwy NW
 City Washington State DC Zip Code 20016-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 14 / 2015**
Transaction ID : A944B937A81EE4512B45
 Amount of Each Receipt this Period **1000.00**

C. Dr. Victor L. Gregory Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 E Bridle Path
 City Hockessin State DE Zip Code 19707-9407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 29 / 2015**
Transaction ID : AB34A5FB9C5454F34B45
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr F Rick V Guthrie Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 484 Sells Rd
City Bluff City State TN Zip Code 37618-1812
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation Dentist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 17 / 2015**
Transaction ID : AFB91C966F9104F9A957
Amount of Each Receipt this Period **1000.00**

B. Dr Steven A Guttenberg MD
Full Name (Last, First, Middle Initial)
Mailing Address 2021 K St NW Ste 200
City Washington State DC Zip Code 20006-1003
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation Dentist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 15 / 2015**
Transaction ID : AC9A2B3343773405AB62
Amount of Each Receipt this Period **1000.00**

C. Dr Denise D Hale
Full Name (Last, First, Middle Initial)
Mailing Address 11230 Brigitte Ter
City Orland Park State IL Zip Code 60467-8637
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation Dentist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A0BC838B427024954A8B
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Hal E. Hale
Full Name (Last, First, Middle Initial)

Mailing Address 1223 N Rock Rd
Ste F100

City State Zip Code
Wichita KS 67206-1271

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 12 / 2015
Transaction ID : A58F1720D5FA0476184E

Amount of Each Receipt this Period
500.00

B. Dr Mary Jane Hanlon
Full Name (Last, First, Middle Initial)

Mailing Address 17 Spring St

City State Zip Code
Lexington MA 02421-7937

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 28 / 2015
Transaction ID : ACE31C4A9A7944E57B04

Amount of Each Receipt this Period
1000.00

C. Dr Willis S Hardesty Jr
Full Name (Last, First, Middle Initial)

Mailing Address 316 Forsyth St

City State Zip Code
Raleigh NC 27609-6314

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 28 / 2015
Transaction ID : A5ACA30C854274C46A1C

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Mary J Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 2648 N Bosworth Ave

City Chicago State IL Zip Code 60614-1108

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2015
Transaction ID : AACD0B176BB0E4E13961

Amount of Each Receipt this Period 500.00

B. Dr Steven L Hechler
Full Name (Last, First, Middle Initial)

Mailing Address 11533 Canterbury Cir

City Leawood State KS Zip Code 66211-2918

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2015
Transaction ID : A3084465E20C3421E80C

Amount of Each Receipt this Period 1000.00

C. Dr Craig W Herre
Full Name (Last, First, Middle Initial)

Mailing Address 11435 Manor Rd

City Leawood State KS Zip Code 66211-2932

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2015
Transaction ID : AA2418BBFA7D14012AB9

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr James R Hight Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 31 Northwood Ave

City Jackson State TN Zip Code 38301-4450

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2015
Transaction ID : A3D82919FB2894A09909

Amount of Each Receipt this Period 500.00

B. Dr J D Hill
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 187

City Irvine State KY Zip Code 40336-0187

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2015
Transaction ID : A5C276C1E64AC441FAEE

Amount of Each Receipt this Period 250.00

c. Dr Craig S Hollander
Full Name (Last, First, Middle Initial)

Mailing Address 1911 Kings Row Mnr

City Saint Louis State MO Zip Code 63146-6026

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2015
Transaction ID : A88793588692F4874B47

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Robert P Hollowell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Glenspring Way
 City Morrisville State NC Zip Code 27560-6994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 28 / 2015**
Transaction ID : A791C1F5EFDBF40A5A0E
 Amount of Each Receipt this Period **500.00**

B. Dr Jeff Hooton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2925 W Deborah Dr
 City Monroe State LA Zip Code 71201-2071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 12 / 2015**
Transaction ID : AE8AFCC08B796456583A
 Amount of Each Receipt this Period **1000.00**

C. Mr. David S. Horvat
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Bakers Bridge Ave Ste 300
 City Franklin State TN Zip Code 37067-6461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Dental Association Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 17 / 2015**
Transaction ID : AECCB9A520AF146D2872
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr H Fred Howard
Full Name (Last, First, Middle Initial)

Mailing Address

City Harlan State KY Zip Code 40831

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2015
Transaction ID : AD9A62A9187AA4E8896

Amount of Each Receipt this Period 1000.00

B. Dr Mark C Huberty
Full Name (Last, First, Middle Initial)

Mailing Address 325 River Oaks Dr

City Sheboygan Falls State WI Zip Code 53085-1087

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2015
Transaction ID : A8F9759F8BA1D4BE995A

Amount of Each Receipt this Period 250.00

C. Dr Mark J Humenik
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Illinois Rd

City Northbrook State IL Zip Code 60062-5236

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A3E0DE63B0B074ED5A65

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Louis A Imburgia
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Thierry Ln
 City Prospect Heights State IL Zip Code 60070-1656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A8665201C930C4FA5B1A
 Amount of Each Receipt this Period **250.00**

B. Dr Charles J Incalcaterra
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 Emerald Dr
 City Orefield State PA Zip Code 18069-9121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 21 / 2015**
Transaction ID : AC424481E70B742CEB76
 Amount of Each Receipt this Period **1000.00**

c. Dr Cynthia A Iseman DMD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 Corner Stone Rd
 City Friedens State PA Zip Code 15541-6123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Smile Program Occupation general dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 29 / 2015**
Transaction ID : AF433FF9036234D1BAFC
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Frank P Iuorno Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 3208 Lockport Way

City Richmond	State VA	Zip Code 23233-7730
------------------	-------------	------------------------

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

Name of Employer self-employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : AB4644CCE9B014B65B9C

Amount of Each Receipt this Period
1000.00

B. Jessica Jaworowicz
Full Name (Last, First, Middle Initial)

Mailing Address 10502 Branch Post

City San Antonio	State TX	Zip Code 78245-2446
---------------------	-------------	------------------------

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

Name of Employer United States Air Force	Occupation Dentist
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : AA687028C111B4378A02

Amount of Each Receipt this Period
25.00

ERMK: Dr Brian Babin For Congress

C. Dr Wilson O Kelly Jewell
Full Name (Last, First, Middle Initial)

Mailing Address 5012 Crown Point Ln

City Wilmington	State NC	Zip Code 28409-3298
--------------------	-------------	------------------------

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

Name of Employer self-employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : A88D6333760B84292BBA

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JAMES M Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2027 Winston Dr
 City Owensboro State KY Zip Code 42301-4635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 17 / 2015**
Transaction ID : ADB86A6C3E5534E868F7
 Amount of Each Receipt this Period **250.00**

B. Dr Krista Marie Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 8150 Bald Eagle Rd
 City Jones State OK Zip Code 73049-3476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 23 / 2015**
Transaction ID : A241C27F62B1946F5933
 Amount of Each Receipt this Period **1000.00**

C. Dr Paul A Kennedy III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4957 Cherry Hills Dr
 City Corpus Christi State TX Zip Code 78413-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 15 / 2015**
Transaction ID : ADC80BBE8D9124C36A87
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr Rodney J Klima
 Full Name (Last, First, Middle Initial)
 Mailing Address 9807 Flintridge Ct
 City Fairfax State VA Zip Code 22032-1724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 29 / 2015**
Transaction ID : A38B9987E91C64E31ABD
 Amount of Each Receipt this Period **500.00**

B. Dr Steve Lee Koo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Beech St
 City Bellaire State TX Zip Code 77401-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 14 / 2015**
Transaction ID : A36F1544C5F2E42B7930
 Amount of Each Receipt this Period **500.00**

C. Dr Frank A. Kyle Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5703 Woodlawn Gable Dr Apt K
 City Alexandria State VA Zip Code 22309-4617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Dental Association Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 06 / 2015**
Transaction ID : ADC0A613B181748C4824
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Gregory LaMorte
Full Name (Last, First, Middle Initial)

Mailing Address 250 Ridgedale Ave
Apt A6

City Florham Park State NJ Zip Code 07932-1320

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 22 / 2015
Transaction ID : **A00B67A4DA263444AAA9**

Amount of Each Receipt this Period
1000.00

B. Dr Christopher C Larsen
Full Name (Last, First, Middle Initial)

Mailing Address 3402 15th St

City Moline State IL Zip Code 61265-6205

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
10 / 26 / 2015
Transaction ID : **A77A0230A422E4B098ED**

Amount of Each Receipt this Period
1000.00

C. Mr. Phil Latham
Full Name (Last, First, Middle Initial)

Mailing Address South Carolina Dental Association
120 Stonemark Lane

City Columbia State SC Zip Code 29210-3841

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

Name of Employer South Carolina Dental Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 28 / 2015
Transaction ID : **A0970D396E9F3458A9D2**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr William E Lee
Full Name (Last, First, Middle Initial)

Mailing Address 1883 Fort Harrods Dr

City Lexington State KY Zip Code 40503-5406

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 17 / 2015
Transaction ID : ABB43EB12FFB54BAFA2E

Amount of Each Receipt this Period 1000.00

B. Robert Leland
Full Name (Last, First, Middle Initial)

Mailing Address 244 Hersey St

City Hingham State MA Zip Code 02043-2730

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 30 / 2015
Transaction ID : AA6FD8E04B81F4002BE0

Amount of Each Receipt this Period 500.00

C. Dr Ronald P Lemmo
Full Name (Last, First, Middle Initial)

Mailing Address 7440 Hillside Ln

City Solon State OH Zip Code 44139-5662

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2015
Transaction ID : A5A491ED664A046CAAF7

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Dr Thomas W Leslie
 Full Name (Last, First, Middle Initial)
 Mailing Address 4759 Cold Run Valley Rd
 City Berkeley Springs State WV Zip Code 25411-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 17 / 2015**
Transaction ID : AFEF9E23D18EA4C8B9B1
 Amount of Each Receipt this Period **1000.00**

B. Dr Christopher Garrett Liang
 Full Name (Last, First, Middle Initial)
 Mailing Address 10421 Englishman Dr
 City Rockville State MD Zip Code 20852-4663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 22 / 2015**
Transaction ID : A4E903D4533B0405A9A3
 Amount of Each Receipt this Period **250.00**

C. Dr Michael J Link
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Assembly Ct
 City Newport News State VA Zip Code 23606-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : AAD8AE3C0B97F479987B
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 42 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr William M Litaker Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1092 13th Ave NW
 City State Zip Code
 Hickory NC 28601-2316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : A4ACEE60E74FE435FB95
 Amount of Each Receipt this Period
 250.00

B. Dr William Kurt Loveless
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 N Oakridge Ave
 City State Zip Code
 Lubbock TX 79416-3732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : ACFD8E69020DC4A97A3E
 Amount of Each Receipt this Period
 1000.00

C. Dr David Morgan Malin
 Full Name (Last, First, Middle Initial)
 Mailing Address 626 Patriot Ln
 City State Zip Code
 Franklin TN 37067-5772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : AED7E6FC5D54C41D3AE2
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr Carolyn J Malon
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Mountain Terrace Rd
 City West Hartford State CT Zip Code 06107-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : AC7ADDA02C0F74DE9908
 Amount of Each Receipt this Period
 500.00

B. Dr James M Maragos
 Full Name (Last, First, Middle Initial)
 Mailing Address 4513 Harvey Ave
 City Western Springs State IL Zip Code 60558-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : ACB34EC3111C24446B0B
 Amount of Each Receipt this Period
 500.00

C. Dr Richard D Marchand
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 245
 City Barnstable State MA Zip Code 02630-0245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A1857E4325A1B4758B22
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Randall C Markarian
 Full Name (Last, First, Middle Initial)
 Mailing Address 6355 Waterman Ave
 City Saint Louis State MO Zip Code 63130-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A20F6FE8F119F472A823
 Amount of Each Receipt this Period 500.00

B. Dr Emily A Mattingly
 Full Name (Last, First, Middle Initial)
 Mailing Address 1315 Webster St
 City Chillicothe State MO Zip Code 64601-2024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2015
Transaction ID : A09584E5F31D74481911
 Amount of Each Receipt this Period 1000.00

C. Dr Michelle L Mazur-Kary
 Full Name (Last, First, Middle Initial)
 Mailing Address 159 Longley Rd
 City Greene State ME Zip Code 04236-3314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2015
Transaction ID : AB02EAE07E9D94EB09F4
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Thomas Albert Mc Donald
Full Name (Last, First, Middle Initial)
Mailing Address 2513 W Andover Rd
City Florence State SC Zip Code 29501-1902
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation Dentist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A070760FA67C146CAB18
Amount of Each Receipt this Period 500.00

B. Dr Kenneth McDougall
Full Name (Last, First, Middle Initial)
Mailing Address 1605 9th Ave SE
City Jamestown State ND Zip Code 58401-6451
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Dentist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 10 / 29 / 2015
Transaction ID : A5DFC36EE509C46AF958
Amount of Each Receipt this Period 1500.00

c. Dr Kenneth McDougall
Full Name (Last, First, Middle Initial)
Mailing Address 1605 9th Ave SE
City Jamestown State ND Zip Code 58401-6451
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Dentist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 10 / 30 / 2015
Transaction ID : ADE70165B772C4B93811
Amount of Each Receipt this Period 500.00
ERMK: Paul Gosar For Congress

SUBTOTAL of Receipts This Page (optional)..... 2500.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DAVID Mcneely
Full Name (Last, First, Middle Initial)

Mailing Address 1834 Greenbriar Cir

City Elizabethton State TN Zip Code 37643-3938

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

Name of Employer Self Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2015
Transaction ID : AD8D3E78F82DA4755A43

Amount of Each Receipt this Period 250.00

B. Dr James E Mercer
Full Name (Last, First, Middle Initial)

Mailing Address 125 Silver Lake Cir

City Columbia State SC Zip Code 29212-2428

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : AF01D921A458F44D0A27

Amount of Each Receipt this Period 1000.00

C. Dr Charles Webb Miller
Full Name (Last, First, Middle Initial)

Mailing Address 666 N Fielder Rd Ste 102

City Arlington State TX Zip Code 76012-3803

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

Name of Employer Self employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2015
Transaction ID : A917A6D0451844AB0859

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. John F Moore
Full Name (Last, First, Middle Initial)

Mailing Address 11675 Valley Brook Dr

City Orland Park State IL Zip Code 60467-6061

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 30 / 2015
Transaction ID : AB736FCC78782485091D

Amount of Each Receipt this Period
500.00

B. ROBERT C Moore
Full Name (Last, First, Middle Initial)

Mailing Address 126 Northpointe Dr

City Jackson State TN Zip Code 38305-5635

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

Name of Employer Self Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 17 / 2015
Transaction ID : A8E283A39EC97402C8FB

Amount of Each Receipt this Period
250.00

c. Dr Janis C Moriarty
Full Name (Last, First, Middle Initial)

Mailing Address 279 Clifton St

City Malden State MA Zip Code 02148-2435

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

Name of Employer self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 26 / 2015
Transaction ID : A2448ACC285454F4BAC8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mrs. Anne Morrison
Full Name (Last, First, Middle Initial)
Mailing Address 2459 N 148th St
City Omaha State NE Zip Code 68116-5101
FEC ID number of contributing federal political committee. **C**
Name of Employer USDA Occupation retired auditor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2015
Transaction ID : ADD6C839E308843BF9E5
Amount of Each Receipt this Period 500.00

B. Dr Scott L Morrison
Full Name (Last, First, Middle Initial)
Mailing Address 2459 N 148th St
City Omaha State NE Zip Code 68116-5101
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation Dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2015
Transaction ID : A4BC557CB4CF047DC9C8
Amount of Each Receipt this Period 1000.00

C. Dr J David David Moss
Full Name (Last, First, Middle Initial)
Mailing Address 642 Ascot Dr
City Florence State SC Zip Code 29501-1913
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation Dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2015
Transaction ID : AA566097204134C138D6
Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Barbara L Mousel
Full Name (Last, First, Middle Initial)

Mailing Address 6029 W Patterson Ave

City Chicago State IL Zip Code 60634-2553

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2015
Transaction ID : **A740B8AA7A599483E9AC**

Amount of Each Receipt this Period 1000.00

B. Dr Rocky L Napier
Full Name (Last, First, Middle Initial)

Mailing Address 132 Cherry Hills Dr

City Aiken State SC Zip Code 29803-5604

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : **AF45AAE9AB5EC49B6A2B**

Amount of Each Receipt this Period 1000.00

C. Dr William C Nash
Full Name (Last, First, Middle Initial)

Mailing Address 2157 Mill Plain Rd

City Fairfield State CT Zip Code 06824-3030

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

Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2015
Transaction ID : **AA7410DBBF9CA48FA8F9**

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr Kirk Norbo
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 355

City Waterford State VA Zip Code 20197-0355

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A1D16F3E3CC574BE4A0A

Amount of Each Receipt this Period 1000.00

B. Dr Charles H Norman III
Full Name (Last, First, Middle Initial)

Mailing Address 2012 Pembroke Rd

City Greensboro State NC Zip Code 27408-6330

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A905589FD7FFD458AB51

Amount of Each Receipt this Period 1000.00

C. Ms. Sharon Norman
Full Name (Last, First, Middle Initial)

Mailing Address 2012 Pembroke Rd

City Greensboro State NC Zip Code 27408-6330

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

Name of Employer self-employed Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2015
Transaction ID : AC4D112AEEA364F7787A

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Bert W Oettmeier Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 18130 Windsor Dr
 City State Zip Code
 Stilwell KS 66085-9041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : A1D59A34F91AD40A9B34
 Amount of Each Receipt this Period
 250.00

B. Dr Paul T Olenyn
 Full Name (Last, First, Middle Initial)
 Mailing Address 5229 Dunleigh Dr
 City State Zip Code
 Burke VA 22015-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : A69FCB15EDA8348FFA7D
 Amount of Each Receipt this Period
 500.00

C. Dr Susan Marie Orwick-Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 Wenlock Rd
 City State Zip Code
 Knoxville TN 37922-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : A2BB3D037CFAB45ACB49
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Gary Donald Oyster
 Full Name (Last, First, Middle Initial)
 Mailing Address 597 Beechwood Rd
 City Franklinton State NC Zip Code 27525-9106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : ADE57AF55AB544DA7A75
 Amount of Each Receipt this Period
 1000.00

B. Mrs. Sharon Oyster
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 189
 City Franklinton State NC Zip Code 27525-0189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : AF3BED5CC74514262982
 Amount of Each Receipt this Period
 500.00

C. Dr Paul A Palliser
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Otter Trl
 City Cary State IL Zip Code 60013-6000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A8C1717E1D8C74382A90
 Amount of Each Receipt this Period
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Renee P Pappas
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Cherry Creek Ln
 City Prospect Heights State IL Zip Code 60070-1095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A4BEC36B25F104F5685F
 Amount of Each Receipt this Period 500.00

B. Dr M Alec Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 Sunstone Dr
 City Cary State NC Zip Code 27519-7026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A302B2AE3185F4249914
 Amount of Each Receipt this Period 1000.00

C. Dr Thomas Cole Patterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Valleybrook Dr
 City Memphis State TN Zip Code 38120-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2015
Transaction ID : A005D97E3B0DF482D814
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Richard Mark Peppard DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7956 Mesa Trails Cir
 City Austin State TX Zip Code 78731-1452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 30 / 2015
Transaction ID : A80B8A9D816284B09AB9
 Amount of Each Receipt this Period 200.00

B. Dr Gloria B Pipkin
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1317
 City Moncks Corner State SC Zip Code 29461-1317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A1A6250CA60A34FA1B20
 Amount of Each Receipt this Period 1000.00

C. Dr Robert G Plage
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 Wood Cove Rd
 City Wilmington State NC Zip Code 28409-0504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2015
Transaction ID : A010BB474E502437FAD8
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Joel W Pratt
Full Name (Last, First, Middle Initial)

Mailing Address 30993 US Highway 136

City Unionville	State MO	Zip Code 63565-3464
--------------------	-------------	------------------------

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

Name of Employer self-employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : A3D6EA804ACC3435199C

Amount of Each Receipt this Period
250.00

B. Dr Dennis R Price
Full Name (Last, First, Middle Initial)

Mailing Address 158 Arrowhead Rd

City Louisville	State KY	Zip Code 40207-1534
--------------------	-------------	------------------------

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

Name of Employer self-employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : A61FFBE0B537243038C0

Amount of Each Receipt this Period
1000.00

C. Tofigh Raayai
Full Name (Last, First, Middle Initial)

Mailing Address 842 W Roxbury Pkwy

City Chestnut Hill	State MA	Zip Code 02467-3704
-----------------------	-------------	------------------------

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

Name of Employer self-employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : AE332F29376BA4D17AF8

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Stephen T Radack III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5908 Beacon Hill Ln
 City Erie State PA Zip Code 16509-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : AAE55CBF221644837B48
 Amount of Each Receipt this Period **1000.00**

B. Dr Theodore A Rehtin III
 Full Name (Last, First, Middle Initial)
 Mailing Address 12672 Alswell Ln
 City Saint Louis State MO Zip Code 63128-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 17 / 2015**
Transaction ID : AE724F73C441541D4B30
 Amount of Each Receipt this Period **1000.00**

C. Dr Barbara Ann Rich
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Kendles Run Rd
 City Moorestown State NJ Zip Code 08057-3920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 22 / 2015**
Transaction ID : AE6BAB137B4F24132B5F
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Dr Gary L Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 10987 Angelles Cv
 City Shreveport State LA Zip Code 71106-8510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : AE1B0E3766F05484586F
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. Dr Paul N Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 2303 Maplecrest Dr
 City Arkansas City State KS Zip Code 67005-8729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : A84DC869EA39D408B8CD
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Dr. Richard J Rosato
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Coventry Rd
 City Concord State NH Zip Code 03301-3027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A0F3AC5289863488A8D6
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr Lori W Roseman
 Full Name (Last, First, Middle Initial)
 Mailing Address 12380 Federal Dr
 City Saint Louis State MO Zip Code 63131-3836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 17 / 2015**
Transaction ID : AC27C2C616564418BB63
 Amount of Each Receipt this Period **250.00**

B. Dr Brett A Roufs
 Full Name (Last, First, Middle Initial)
 Mailing Address 3231 Royer West Dr
 City Newton State KS Zip Code 67114-9639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **10 / 28 / 2015**
Transaction ID : AFD576B14B3514A37BAB
 Amount of Each Receipt this Period **1000.00**
 ERMK: Paul Gosar For Congress

C. Dr D Milton Salzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 River Falls Dr
 City Northbrook State IL Zip Code 60062-5167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 26 / 2015**
Transaction ID : AE43051EC45B7495E9E4
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr John J Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 24 Morgan Place Dr

City Isle Of Palms State SC Zip Code 29451-2742

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A58D7B36AC39343F3925

Amount of Each Receipt this Period 250.00

B. Dr David C Sarrett
Full Name (Last, First, Middle Initial)

Mailing Address 306 N 26th St Apt 233

City Richmond State VA Zip Code 23223-7266

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2015
Transaction ID : AFAA3ADF81D2A4E7E8A3

Amount of Each Receipt this Period 500.00

C. Dr Cynthia R Satko
Full Name (Last, First, Middle Initial)

Mailing Address 919 S Grant St Ste 202

City Hinsdale State IL Zip Code 60521-4544

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A0EA07DEFF5154006BDC

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 61 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Dr Lance N Savoie
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Rue Centre St
 City Abbeville State LA Zip Code 70510-4212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2015
Transaction ID : A02E98F6BF794442A89B
 Amount of Each Receipt this Period 250.00

B. Dr Timmothy J Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1411 N 10th St
 City Pekin State IL Zip Code 61554-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2015
Transaction ID : AB9691DD29E0B4288A65
 Amount of Each Receipt this Period 1000.00

C. Dr Jonathan David Shenkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Balsam Ln
 City Freeport State ME Zip Code 04032-6023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A7E341F6ED41445E0B33
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Ted Ted Sherwin
Full Name (Last, First, Middle Initial)

Mailing Address 10212 Little Skyline Dr

City Orange State VA Zip Code 22960-2214

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A91B938C006C74C07A1E

Amount of Each Receipt this Period 1000.00

B. Dr Cynthia E Sherwood
Full Name (Last, First, Middle Initial)

Mailing Address 3936 S 10th St

City Independence State KS Zip Code 67301-8959

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2015
Transaction ID : AB83857B278EC4B669CB

Amount of Each Receipt this Period 1000.00

C. Dr Jeffrey A Simpson
Full Name (Last, First, Middle Initial)

Mailing Address 227 Pomfret St

City Putnam State CT Zip Code 06260-1835

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2015
Transaction ID : A314F48D523394542BC1

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Alan H Singer
Full Name (Last, First, Middle Initial)

Mailing Address 6062 Valerian Ln

City Rockville State MD Zip Code 20852-3410

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2015
Transaction ID : A8620AF81D4CA47A0A2C

Amount of Each Receipt this Period 250.00

B. Dr Robert L Skinner
Full Name (Last, First, Middle Initial)

Mailing Address 4621 E Valley Rd

City Fort Smith State AR Zip Code 72903-3539

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2015
Transaction ID : A036E58ABD8324A5795F

Amount of Each Receipt this Period 250.00

C. Dr Joseph E Sokolowski
Full Name (Last, First, Middle Initial)

Mailing Address 1821 Greenbough Ct

City Saint Louis State MO Zip Code 63146-6001

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2015
Transaction ID : A76CEF4DEA8F84CF2B09

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Cynthia Southern
 Full Name (Last, First, Middle Initial)
 Mailing Address 4457 Left Fork Ln
 City Pulaski State VA Zip Code 24301-7489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : AF66598B2DE0F47C294F
 Amount of Each Receipt this Period
1000.00

B. Mr. Don Southern
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 G Main Street
 City Pulaski State VA Zip Code 24301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cynthia M. Southern, DDS Occupation dental assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : A96DD5438ABA54C34B61
 Amount of Each Receipt this Period
500.00

C. Dr Mary A Starsiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 4610 N Ashland Ave Apt 1S
 City Chicago State IL Zip Code 60640-5678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A3716CC9CF0624F0E9CB
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Association Political Action Committee

A. Dr Frederic C Sterritt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Lind Ln
 City Avalon State NJ Zip Code 08202-1675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : A4DDAA000BCBA4A9B8F!
 Amount of Each Receipt this Period
1000.00

B. Dr Alvin Willis Stevens Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1721 Crosswood Ln
 City Vestavia State AL Zip Code 35216-3185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015
Transaction ID : A3DEEE425E7974B269DE
 Amount of Each Receipt this Period
1000.00

C. Dr Laurence H Stone DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 Hyde Park
 City Doylestown State PA Zip Code 18902-6603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : A0257AD3BCC0E460A8A0
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Salvatore A Storniolo
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 Meier Rd
 City State Zip Code
 Arlington Heights IL 60005-3243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A09ED22138E72493E962
 Amount of Each Receipt this Period
250.00

B. Dr Edward Swiderski
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Kendall Dr
 City State Zip Code
 Westborough MA 01581-3841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : AEBFA72D9CE284C3381E
 Amount of Each Receipt this Period
750.00

C. Dr Edward Swiderski
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Kendall Dr
 City State Zip Code
 Westborough MA 01581-3841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A149C52BDF60A4CAD99A
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Dr Richard L Taliaferro
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Longview Ln
 City Winchester State VA Zip Code 22602-2880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 28 / 2015**
Transaction ID : A57E12E70E0274E48846
 Amount of Each Receipt this Period **1000.00**

B. Dr Bruce R Terry
 Full Name (Last, First, Middle Initial)
 Mailing Address 817 Caldwell Rd
 City Wayne State PA Zip Code 19087-2058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : A983AE0B7B1D245D7B4F
 Amount of Each Receipt this Period **250.00**

C. Dr Terri S Tiersky
 Full Name (Last, First, Middle Initial)
 Mailing Address 1626 Robin Hood Pl
 City Highland Park State IL Zip Code 60035-2234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 26 / 2015**
Transaction ID : AB745CA8466FA4F9CBA8
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Thomas A Trowbridge
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Royal Crest Dr
 Apt 3
 City North Andover State MA Zip Code 01845-6432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A437EF628CFBD455AA85
 Amount of Each Receipt this Period
250.00

B. Dr Joseph G Unger
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Buckingham Pl
 City Downers Grove State IL Zip Code 60516-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : AAA3EED4070FF437F937
 Amount of Each Receipt this Period
500.00

C. Dr Michael A Ungerleider
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Strawberry Fields Rd
 City Granby State CT Zip Code 06035-2926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Full Time Practice (>30 Hrs/week)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : A8F9D127E047B45359E0
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr Victoria A Ursitti
Full Name (Last, First, Middle Initial)

Mailing Address 1115 E Mayfair Rd

City State Zip Code
Arlington Heights IL 60004-6725

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

Name of Employer Occupation
self-employed Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : ADC80EFCE42F64816842

Amount of Each Receipt this Period
1000.00

B. Dr Stacey K Van Scoyoc
Full Name (Last, First, Middle Initial)

Mailing Address 13773 Shelby Ct

City State Zip Code
Bloomington IL 61705-7812

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

Name of Employer Occupation
self-employed Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : A5648F240990F4AF498B

Amount of Each Receipt this Period
1000.00

C. Dr Jody B Vance
Full Name (Last, First, Middle Initial)

Mailing Address 727 N Farm Road 235

City State Zip Code
Strafford MO 65757-8678

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

Name of Employer Occupation
self-employed Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2015

Transaction ID : ABCABB7112B4D41819D3

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A. Dr Ronald D Venezie
 Full Name (Last, First, Middle Initial)
 Mailing Address 646 Angelica Cir
 City Cary State NC Zip Code 27518-8727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : A691E8263C070489184C
 Amount of Each Receipt this Period **1000.00**

B. Dr Petra Von Heimborg
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Back Bay Dr
 City South Barrington State IL Zip Code 60010-9502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 26 / 2015**
Transaction ID : A83F2655927F34C1882A
 Amount of Each Receipt this Period **250.00**

C. KEVIN Wall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 Park Ln
 City Covington State KY Zip Code 41011-1120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 17 / 2015**
Transaction ID : A5BEE3395DB4049C6A42
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. Dr Cheryl D Watson-Lowry
 Full Name (Last, First, Middle Initial)
 Mailing Address 4459 S Lake Park Ave
 City Chicago State IL Zip Code 60653-4187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : A54A967CFDBAC48AE9AE
 Amount of Each Receipt this Period **1000.00**

B. Dr Jane A Weintraub
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 S Columbia St Bldg 1617
 City Chapel Hill State NC Zip Code 27514-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 28 / 2015**
Transaction ID : A8D4160B734C34AC7B8F
 Amount of Each Receipt this Period **500.00**

C. Dr H Warren Whitis
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 W Semmes Ave
 City Osceola State AR Zip Code 72370-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 12 / 2015**
Transaction ID : ABA2015E265D74E15A1F
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Sidney A Whitman
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Florence Ln
 City Princeton State NJ Zip Code 08540-2631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 22 / 2015**
Transaction ID : A9D948516CC624302949
 Amount of Each Receipt this Period **500.00**

B. Dr William E Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2799 Charles Blvd
 City Greenville State NC Zip Code 27858-5933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : AD500FFC3F6C34D55A0F
 Amount of Each Receipt this Period **500.00**

C. Dr Edward M Wise Sr
 Full Name (Last, First, Middle Initial)
 Mailing Address 158 Spanish Point Dr
 City Beaufort State SC Zip Code 29902-6126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 28 / 2015**
Transaction ID : A3AADC53AA80D46628FF
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr C Rieger Wood III
Full Name (Last, First, Middle Initial)

Mailing Address 2216 E 47th St

City Tulsa State OK Zip Code 74105-4921

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2015
Transaction ID : A6BD07ABCB33A44509EE

Amount of Each Receipt this Period 1000.00

B. Dr Roger E Wood
Full Name (Last, First, Middle Initial)

Mailing Address 3724 Bircham Loop

City Midlothian State VA Zip Code 23113-3980

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 28 / 2015
Transaction ID : A2105F4591796485CAC5

Amount of Each Receipt this Period 1000.00

C. Dr Brenda J Young
Full Name (Last, First, Middle Initial)

Mailing Address 9807 Kirktree Ct

City Fairfax State VA Zip Code 22032-1059

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

Name of Employer self-employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2015
Transaction ID : AFC8413C230814C51968

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Dr Stephen K Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 N Stonewall Ave
 City Oklahoma City State OK Zip Code 73117-1214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OK Univ School of Dentistry Occupation Dental School Faculty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : A2B6537FA95E94A0D967
 Amount of Each Receipt this Period
 250.00

B. Dr Mark R Zust
 Full Name (Last, First, Middle Initial)
 Mailing Address 14005 Eagle Manor Ct
 City Chesterfield State MO Zip Code 63017-2686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : A32AC8537F1D04A06BD6
 Amount of Each Receipt this Period
 1500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	131642.67

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

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

FOR LINE NUMBER: PAGE 75 OF 92
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)
A. California Dental PAC

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853-3749

FEC ID number of contributing federal political committee. **C** C00005751

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
27147.71

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : A40F887B3B9C640E1A28

Amount of Each Receipt this Period
738.07

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	738.07
TOTAL This Period (last page this line number only).....▶	738.07

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

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

FOR LINE NUMBER: PAGE 76 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Citibank 1
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Vermont Ave NW
 City Washington State DC Zip Code 20005-3754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 291.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : AB4B761A8E5174E4F957
 Amount of Each Receipt this Period
 15.95

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	15.95
TOTAL This Period (last page this line number only).....▶	15.95

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 92
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Benishek For Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

FEC ID number of contributing federal political committee. **C** C00476325

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : A4DD4F5886662459DBAE

Amount of Each Receipt this Period
 2500.00

refund of campaign contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER:
(check only one)

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

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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement
service charges/credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : B2F17368D45BE41CD9C9

Amount of Each Disbursement this Period

6346.54

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6346.54

6346.54

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AT THE TABLE!

Mailing Address PO BOX 650496

City Fresh Meadows State NY Zip Code 11365-0496

Purpose of Disbursement
VOID - Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : B76A03ED9F6F145A3AA6

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. AT THE TABLE!

Mailing Address PO BOX 650496

City Fresh Meadows State NY Zip Code 11365-0496

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : B7A3A833600654651880

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Barrasso For Senate

Mailing Address P.O. Box 51996

City Casper State WY Zip Code 82605

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. John Barrasso

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: WY District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : BD738FE0104E64309A45

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

-500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bill Flores For Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805-6207

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Bill H. Flores

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : B3E2D6E6CFF8C48A594E

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Clarke For Congress

Mailing Address 111-36 200th. Street

City State Zip Code
Hollis NY 11412

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Yvette D. Clarke

Office Sought: House
 Senate
 President
State: NY District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : BEFF6220028F04DCDA8A

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Committee for a Democratic Future

Mailing Address 7240 Evans Mill Rd

City State Zip Code
McLean VA 22101

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : B1CD72468B2D0444A9C8

Amount of Each Disbursement this Period

2500.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Connolly For Congress

Mailing Address 3706 Prado Place

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Gerry E. Connolly

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 11

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : B1DB2EDB7BB724133A60

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Conservative Roundtable

Mailing Address PO Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼
State: District: Other2015

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : B58E890B84B3E4967A2D

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Doggett for Congress

Mailing Address P.O. Box 5843

City Austin State TX Zip Code 78703

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Lloyd A. Doggett II

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 35

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : B8D12CE6FC11745DE8D5

Amount of Each Disbursement this Period

1000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Doyle for Congress

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Mike F. Doyle Jr.

Office Sought: House Senate President
State: PA District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **BF5D0D1249EA44578859**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Dan T. Kildee

Office Sought: House Senate President
State: MI District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **BA779641404124D5BB57**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Elizabeth Esty

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Elizabeth H. Esty

Office Sought: House Senate President
State: CT District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : **B1E348F9E4F844852806**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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 Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address PO BOX 753908

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Joe Heck

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Transaction ID : BA2520917082F4877A7D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FULL HOUSE PAC

Mailing Address PO BOX 530520

City HENDERSON State NV Zip Code 89053

Purpose of Disbursement
Contribution to Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Transaction ID : B85DFD2F85EB44F50A83

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GLENN GROTHMAN FOR CONGRESS

Mailing Address PO BOX 1215

City FOND DU LAC State WI Zip Code 54964

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Glenn S. Grothman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : BA205F488ADCD4CB797F

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ICE PAC

Mailing Address PO Box 44369 - 250 Prairie Center

City: Eden Prairie State: MN Zip Code: 55344

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : B7EA0D567068D4E688C3

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City: Wadsworth State: OH Zip Code: 44281

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Jim B. Renacci

Office Sought: House Senate President
State: OH District: 16

Disbursement For: 2016
 Primary General
 Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : B767DCD6AAC024BD1B03

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City: West Columbia State: SC Zip Code: 29171

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Joe Wilson

Office Sought: House Senate President
State: SC District: 02

Disbursement For: 2016
 Primary General
 Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : B2A0F5E34F06146969D0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kenny Marchant For Congress

Mailing Address PO Box 110187

City State Zip Code
Carrollton TX 75011

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Kenny E. Marchant

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 24

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **B16DC4A21FA8C4B91A93**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matsui For Congress

Mailing Address PO Box 1738

City State Zip Code
Sacramento CA 95812

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Doris O. Matsui

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **B502352C95F9B48E399B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mccollum For Congress

Mailing Address P.O. Box 14131

City State Zip Code
St. Paul MN 55114

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Betty McCollum

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MN District: 04

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **BA6C703011BE24067AA2**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Mchenry For Congress

Mailing Address PO Box 1406

City State Zip Code
Hickory NC 28603

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Patrick T. McHenry

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District: 10

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **B2F187265A9714D53AA6**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Morgan Griffith For Congress

Mailing Address PO Box 361

City State Zip Code
Christiansburg VA 24068

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Morgan Griffith

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 09

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **B1BF849ED7BAF46BD896**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Frank J. Pallone Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **B0620F84E2BFF426E85F**

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name

Rep. Patrick L. Meehan Jr.

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : B9DEC39D2CE904F1D82E

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Patrick L. Meehan Jr.

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : BD79642FEB7944A53AF5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Gosar For Congress

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement
ERMK: Richard Andolina

Candidate Name

Rep. Paul A. Gosar

Office Sought: House
 Senate
 President
State: AZ District: 04

Disbursement For: 2015
 Primary General
 Other (specify) ▼ OTHER

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : B81FE03946DD045B8802

Amount of Each Disbursement this Period

1000.00

ERMK: Richard Andolina. transmitted by check/EFT

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Gosar For Congress

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement
ERMK: Richard Black

Candidate Name

Rep. Paul A. Gosar

Office Sought: House
 Senate
 President
State: AZ District: 04

Disbursement For: 2015
 Primary General
 Other (specify) **OTHER**

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2015

Transaction ID : **B2E07E83CCAB549E7826**

Amount of Each Disbursement this Period

250.00

ERMK: Richard Black. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

B. Paul Gosar For Congress

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302-2967

Purpose of Disbursement
ERMK: Brett Roufs

Candidate Name

Rep. Paul A. Gosar

Office Sought: House
 Senate
 President
State: AZ District: 04

Disbursement For: 2015
 Primary General
 Other (specify) **OTHER**

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Transaction ID : **B32D1C6E57C6041238C5**

Amount of Each Disbursement this Period

1000.00

ERMK: Brett Roufs. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

C. People for Pearce

Mailing Address PO Box 2696

City Hobbs State NM Zip Code 88241

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Steve E. Pearce

Office Sought: House
 Senate
 President
State: NM District: 02

Disbursement For: 2016
 Primary General
 Other (specify) **OTHER**

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2015

Transaction ID : **BC55749369A0A474EA06**

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PETER NORBECK LEADERSHIP PAC; THE

Mailing Address POST OFFICE BOX 477

City State Zip Code
PIERRE SD 57501

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2015

Transaction ID : B0FB02B510CF44AEA93C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PROJECT WEST POLITICAL ACTION COMMITTEE

Mailing Address 9227 EAST LINCOLN AVENUE #200-435

City State Zip Code
LONE TREE CO 80124

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

Transaction ID : B1897DA9620814F22B15

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PROJECT WEST POLITICAL ACTION COMMITTEE

Mailing Address 9227 EAST LINCOLN AVENUE #200-435

City State Zip Code
LONE TREE CO 80124

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

Transaction ID : B05043FB9A93B4E649F7

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PROJECT WEST POLITICAL ACTION COMMITTEE

Mailing Address 9227 EAST LINCOLN AVENUE #200-435

City State Zip Code
LONE TREE CO 80124

Purpose of Disbursement
VOID - Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : BBA9CDADCEC2B4E7DA3

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. Richard E. Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City State Zip Code
Springfield MA 01108

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Richard E. Neal

Office Sought: House Senate President
State: MA District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : B88552C6335F642DEBBE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rob Wittman For Congress

Mailing Address PO Box 999

City State Zip Code
Montross VA 22520

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Rob J. Wittman

Office Sought: House Senate President
State: VA District: 01

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : B37CE3960558B438A9D8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

-500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SHORE PAC

Mailing Address PO Box 3157
495 Broadway

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **BC1A433266A444C35BA0**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Rep. Steve E. Stivers

Office Sought: House Senate President
State: OH District: 15

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **B6F886BB5D6B24054BCB**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Texans For Lamar Smith

Mailing Address PO Box 6155

City San Antonio State TX Zip Code 78209

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Lamar S. Smith

Office Sought: House Senate President
State: TX District: 21

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **BD099FF8A0C7845A282B**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Tom Rice For Congress

Mailing Address 1107 48th Ave., N.
Suite 310-A

City Myrtle Beach State SC Zip Code 29577

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Tom Rice Jr.

Office Sought: House
 Senate
 President
State: SC District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : B9D8D60926A484E72A73

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Jackie Swihart Walorski

Office Sought: House
 Senate
 President
State: IN District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : BAF97A1A30E6341D4900

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2000.00

57750.00
