

**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.

12FE4M5

American Dental Association Political Action Committee

ADDRESS (number and street) ▼

1111 14th Street, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20005-5627

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00000729

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		419310.99
(b) Cash on Hand at Beginning of Reporting Period.....	537836.09	
(c) Total Receipts (from Line 19)	316190.26	1185449.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	854026.35	1604760.71
7. Total Disbursements (from Line 31)	184233.40	934967.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	669792.95	669792.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	5

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).....	302288.10	590170.77
(ii) Unitemized	10013.28	543065.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	312301.38	1133236.23
(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)	312301.38	1133236.23
12. Transfers From Affiliated/Other Party Committees.....	676.15	43758.86
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).....	1.01	1.01
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	3185.25	8185.25
17. Other Federal Receipts (Dividends, Interest, etc.).....	26.47	268.37
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))..... ►	316190.26	1185449.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	316190.26	1185449.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	13714.17	25107.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13714.17	25107.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	169500.00	907050.00
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	1019.23	1124.23
(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)).....	1019.23	1124.23
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)) ..	184233.40	934967.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	184233.40	934967.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	312301.38	1133236.23
34. Total Contribution Refunds (from Line 28(d))	1019.23	1124.23
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	311282.15	1132112.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	13714.17	25107.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1.01	1.01
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	13713.16	25106.02

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 6 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Thomas Richard a'Becket

Mailing Address 510 Bramblewood Ct

City

Millersville

State

MD

Zip Code

21108-1889

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

11 / 06 / 2015

Transaction ID : ACF05CDA594C34E5E879

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Philip John Abeldt

Mailing Address PO Box 635

City

Lodi

State

CA

Zip Code

95241-0635

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

11 / 08 / 2015

Transaction ID : AEA2228206AA04A6EB08

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Philip John Abeldt

Mailing Address PO Box 635

City

Lodi

State

CA

Zip Code

95241-0635

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

11 / 08 / 2015

Transaction ID : ABE29558BA17749D0A4A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 7 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Gary R Ackerman

Mailing Address 400 Estates Dr

City

Sacramento

State

CA

Zip Code

95864-6046

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : AAE0B28E20219476EAF1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Chris L Adkins

Mailing Address 144 Bayberry Hls

City

McDonough

State

GA

Zip Code

30253-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AC0ED562FF63D4DD5B05

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alejandro Martin Aguirre

Mailing Address 12545 42nd PI N

City

Minneapolis

State

MN

Zip Code

55442-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A5EEE8A8BE5AE438D935

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 238

<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

Full Name (Last, First, Middle Initial)

A. John P Ahern

Mailing Address 2 Wallace Cir

City

Londonderry

State

NH

Zip Code

03053-2871

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2015

Transaction ID : A413D163CA30A4B4896B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John P Ahern

Mailing Address 2 Wallace Cir

City

Londonderry

State

NH

Zip Code

03053-2871

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2015

Transaction ID : A84CB40A8E1FF42AEAFB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Mert N Aksu

Mailing Address PO Box 3680

City

Ann Arbor

State

MI

Zip Code

48106-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF DETROIT MERCY

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	08	/	2015

Transaction ID : AFA13C7F28FED440A5E

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr James W Antoon

Mailing Address 578 Wethersfield Pl

City

Melbourne

State

FL

Zip Code

32940-1879

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A8E65B81873AD450ABA8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Rickland G AsaiMailing Address 11786 SW Barnes Rd
Ste 340

City

Portland

State

OR

Zip Code

97225-5930

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : A0916E7D9FF04410B83D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Jay AsdellMailing Address 3351 Deer Lake Dr
Ste 300

City

South Bend

State

IN

Zip Code

46614-2468

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A6E62A442CF6E411B8CC

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Ralph C Attanasi Jr.

Mailing Address 1887 SW 17th St

City

Boca Raton

State

FL

Zip Code

33486-8518

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : A2FE411271AD3442097A

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dr James G Avery

Mailing Address 456 Riveredge Dr W

City

Cordova

State

TN

Zip Code

38018-7613

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 08 / 2015

Transaction ID : ADED561AC081F4CC88E9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Evis Babo

Mailing Address PO Box 550467

City

Atlanta

State

GA

Zip Code

30355-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : AC79D95978F4C4FFFB49

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 11 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Theodore M Baer

Mailing Address 936 S Fernside Dr

City

Tacoma

State

WA

Zip Code

98465-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

475.00

Date of Receipt

11 / 08 / 2015

Transaction ID : A75049A5F26F0437696F

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Dr Jean E Bainbridge

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 30 / 2015

Transaction ID : AE1C66325D66142D0B9D

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr Frank C Barnashuk

Mailing Address 29 Windgate St

City

Orchard Park

State

NY

Zip Code

14127-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A6342882642C5402E901

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

791.67

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 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Paul R Barnes

Mailing Address 337 Longford Dr

City

Granville

State

OH

Zip Code

43023-9270

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

11 / 05 / 2015

Transaction ID : A7A2C3A03AB864A25BAC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Joseph Anthony Battaglia DMD

Mailing Address 516 Hamburg Tpke
Ste 9

City

Wayne

State

NJ

Zip Code

07470-2063

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

11 / 06 / 2015

Transaction ID : AB570FB43E0604CD08A7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Mark A Bauman

Mailing Address 157 Lake Ave

City

Saratoga Springs

State

NY

Zip Code

12866-2532

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

11 / 05 / 2015

Transaction ID : A1DF02E138F2A424BAD1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Joseph J Baytosh

Mailing Address 6457 Tara Dr

City

Youngstown

State

OH

Zip Code

44514-5608

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

11 / 06 / 2015

Transaction ID : A32043AC898B941D0986

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Bryan Francis Beagan

Mailing Address 21 Williams Rd

City

Smithfield

State

RI

Zip Code

02917-1410

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

11 / 07 / 2015

Transaction ID : A89E940FEAAAB4717A51

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr James H Bekker

Mailing Address 3796 E Ruth Dr

City

Salt Lake City

State

UT

Zip Code

84124-2325

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

11 / 08 / 2015

Transaction ID : A3F9412B4362041E59D1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER: PAGE 14 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Nannette Jean Benedict

Mailing Address 1861 Jarvis Rd

City State Zip Code
 Santa Cruz CA 95065-9796

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
 11 / 08 / 2015

Transaction ID : A30E38161FB6B43E281C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Gregory J Bengtson

Mailing Address 3434 Country Club Dr

City State Zip Code
 Lewiston ID 83501-9659

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
 11 / 06 / 2015

Transaction ID : AE84EE79690084B94A07

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Jeffrey S Berkley

Mailing Address 402 Northwood Dr

City State Zip Code
 Orange CT 06477-1050

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
 11 / 05 / 2015

Transaction ID : A263134CF2D8E4C3182B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Michael W Berry

Mailing Address 1446 Conestoga Trce

City

Moberly

State

MO

Zip Code

65270-2942

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 19 / 2015

Transaction ID : A47C1305E3159468BB27

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr John Francis Bickford

Mailing Address 531 Mayes Rd

City

Powder Springs

State

GA

Zip Code

30127-4430

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 05 / 2015

Transaction ID : AB38D7587C3A24794B5A

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Dr Michael E. Biermann

Mailing Address 3529 N Willamette Blvd
5900 N Lombard st

City

Portland

State

OR

Zip Code

97217

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A61C9A5CA7C864470BE8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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 16 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Mark A Bierschbach

Mailing Address 1001 Washington Dr

City

Milbank

State

SD

Zip Code

57252-3417

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

11 / 05 / 2015

Transaction ID : AE11195FE14574A2EAC9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Robert N Bitter

Mailing Address 13 Goshen Woods Est

City

Edwardsville

State

IL

Zip Code

62025-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIU School of Dental Medicine

Occupation

Dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A9FA536EFB0E34DB1AA3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Richard C Black

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 ▼

300.00

Date of Receipt

11 / 16 / 2015

Transaction ID : A5F9E287F55E142DF810

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1600.00

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 17 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr David F Boden

Mailing Address 938 SW Hidden River Ave

City

Palm City

State

FL

Zip Code

34990-2006

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

11 / 09 / 2015

Transaction ID : AC24C857185084A5E9F3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Douglas Wayne Bogan

Mailing Address 12310 Shelwick Dr

City

Houston

State

TX

Zip Code

77031-3048

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

11 / 05 / 2015

Transaction ID : AD53E7551DF3344378E9

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Dr Richard K Bokemper

Mailing Address 2714 Ivanhoe Dr

City

Sergeant Bluff

State

IA

Zip Code

51054-9769

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

11 / 05 / 2015

Transaction ID : A26EE3590CD1B46AE865

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr R David Bradberry

Mailing Address 12010 Wexford Club Dr

City

Roswell

State

GA

Zip Code

30075-1474

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

11 / 06 / 2015

Transaction ID : ACDF12F3D7E664D5F82A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr M Edmund Braly

Mailing Address 6950 E Post Oak Rd

City

Noble

State

OK

Zip Code

73068-9001

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist oral surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A308FE699819A43839BB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Grace Dickinson Branon

Mailing Address 2433 West St

City

Fairfield

State

VT

Zip Code

05455-4411

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

11 / 08 / 2015

Transaction ID : A5B666937F250409787E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Cynthia K BrattesaniMailing Address 1800 Washington St
Apt 718

City	State	Zip Code
San Francisco	CA	94109-3585

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
11			08			2015			

Transaction ID : A733811498ADD40F8949

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Michael R Breault

Mailing Address 1204 Fernwood Dr

City	State	Zip Code
Schenectady	NY	12309-2618

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
11			08			2015			

Transaction ID : A5C298B1AEEA84009978

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Dr Fred A Bremner

Mailing Address 27 Touchstone

City	State	Zip Code
Lake Oswego	OR	97035-1905

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
11			08			2015			

Transaction ID : AE8A89A0D414C4F14B14

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: PAGE 20 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Fred A Bremner

Mailing Address 27 Touchstone

City State Zip Code
 Lake Oswego OR 97035-1905

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
 11 16 2015

Transaction ID : AF201DFA4AA0D4953B4E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Todd P Briscoe

Mailing Address 8530 Quailwest Cv

City State Zip Code
 Fort Wayne IN 46835-9638

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
 11 06 2015

Transaction ID : ADA3E6C2C76D1490CB42

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas R Broderick

Mailing Address 7517 La Roche Ave

City State Zip Code
 Savannah GA 31406-6401

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
 11 05 2015

Transaction ID : A136F67F036D5411BB87

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas R Broderick

Mailing Address 7517 La Roche Ave

City

Savannah

State

GA

Zip Code

31406-6401

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

Transaction ID : AA11BBC0BCC694B2B861

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr Larry F Browder

Mailing Address 9725 Ivy Green Dr

City

Montgomery

State

AL

Zip Code

36117-5152

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A277DC7E241784EF1834

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Steven A Brown

Mailing Address 19 Kings Daughters Ct

City

West Greenwich

State

RI

Zip Code

02817-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : AA7B7F60F2EDE4A47899

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Andrew B BrownMailing Address 1478 Riverplace Blvd
Apt 1406

City	State	Zip Code
Jacksonville	FL	32207-1842

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
11	/	05	/	2015

Transaction ID : A8DC5B80DB22248CEAC7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Ralph D Brunner

Mailing Address 81087 Avenida Neblina

City	State	Zip Code
Indio	CA	92203-7893

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
11	/	06	/	2015

Transaction ID : A38FD4C63538143B386C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Lanora E Bryant

Mailing Address 37 Bon Air Cir

City	State	Zip Code
Jackson	TN	38305-4910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson-Madison County Health Dept

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
11	/	08	/	2015

Transaction ID : A517222D6D578410F8A5

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Mrs. Sharon Bryant

Mailing Address PO Box 280

City

Santa Anna

State

TX

Zip Code

76878-0280

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	5

Transaction ID : A3B7AED6847254950A2E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Terry L Buckenheimer

Mailing Address 3906 W Neptune St

City

Tampa

State

FL

Zip Code

33629-5829

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	5

Transaction ID : A7D9A0F2F24A04FEEBD6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr D Michael Buehler

Mailing Address 303 Viewmont Dr

City

Yakima

State

WA

Zip Code

98908-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	5

Transaction ID : A1B2DD31C39E643BBB39

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 24 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Robert J Buhite II

Mailing Address 174 Oak Ln

City

Rochester

State

NY

Zip Code

14610-3136

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A11FFED494FAE474F836

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher M Bulnes

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

838.00

Date of Receipt

11 / 30 / 2015

Transaction ID : A03B077720CF54F2BA5E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mrs. Lisa Burns

Mailing Address 808 E Pine St

City

Seguin

State

TX

Zip Code

78155-2841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Alfred Burns

Occupation

practice administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 17 / 2015

Transaction ID : AB44ADE4B8B0F47DBB69

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Alfred M Burns

Mailing Address 623 N Erskine St

City
SeguinState
TXZip Code
78155-4721FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	17	/	2015

Transaction ID : A022E99BFB1A34C2FAFB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Jill M Burns

Mailing Address 7161 Bentgrass Dr

City
IndianapolisState
INZip Code
46236-9605FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : A1D5E4359F28B434D93C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. Douglas M. Bush

Mailing Address 1319 E Stop 10 Rd

City
IndianapolisState
INZip Code
46227-5934FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2015

Transaction ID : A735F964F39FA4BDC9C4

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lawrence J Busino

Mailing Address 26 Shaker Bay Rd

City	State	Zip Code
Latham	NY	12110-1254

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
11	/	07	/	2015

Transaction ID : A4FE90CF3DBF04F7B8A7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Cody M Calderwood

Mailing Address 64 E 450 South St

City	State	Zip Code
Midway	UT	84049

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
11	/	06	/	2015

Transaction ID : A11E8FF0F56C846D38E2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Xerxez Megin Calilung

Mailing Address 22 Meryton

City	State	Zip Code
Irvine	CA	92603-3463

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
11	/	08	/	2015

Transaction ID : ADD30098B63C048D39E7

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 27 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Paul F. Calitri

Mailing Address 11A Coastal Ct

City

Westerly

State

RI

Zip Code

02891-4059

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

11 / 08 / 2015

Transaction ID : ACB8865039C2441F4BBD

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr William R Calnon

Mailing Address 116 Colby St

City

Spencerport

State

NY

Zip Code

14559-9711

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

11 / 01 / 2015

Transaction ID : AC5C0B59E5E424282812

Amount of Each Receipt this Period

250.00

ERMK: Paul Gosar For Congress

Full Name (Last, First, Middle Initial)

c. Dr William R Calnon

Mailing Address 116 Colby St

City

Spencerport

State

NY

Zip Code

14559-9711

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

11 / 01 / 2015

Transaction ID : AB199293607164E83BD6

Amount of Each Receipt this Period

250.00

ERMK: Paul Gosar For Congress

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr William R Calnon

Mailing Address 116 Colby St

City

Spencerport

State

NY

Zip Code

14559-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : AA6AA039373D34DD39E3

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dr Matthew James Campbell Jr

Mailing Address 1601 Elsdon Cir

City

Carmichael

State

CA

Zip Code

95608-6016

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : A4545CADAFA12D40ED961

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Frank J Capaldo

Mailing Address 5063 Kathryn Glen Dr

City

Acworth

State

GA

Zip Code

30101-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

Transaction ID : A24F146778B83428FAEA

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Anthony C Caputo

Mailing Address 5255 N Salida Del Sol Dr

City

Tucson

State

AZ

Zip Code

85718-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A877A5AA595354C38964

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Larry CarlMailing Address 5530 West Pkwy
Ste 100

City

Johnston

State

IA

Zip Code

50131-2258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AECE213CB705C45CCAEF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Frank Carotenuto

Mailing Address 9 Codington Ln

City

Warren

State

NJ

Zip Code

07059-6853

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : ADC70F41B444B49E79A4

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 30 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr D Douglas Cassat DDS

Mailing Address 10035 Rue Chantemar

City

San Diego

State

CA

Zip Code

92131-2271

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AC24E5E52D622485087D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Edmund Anthony Cassella

Mailing Address 744 Onaha St

City

Honolulu

State

HI

Zip Code

96816-4921

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A5148292A12044EBC896

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Jose (Joey) L Cazares Jr

Mailing Address 2412 N 1st St

City

McAllen

State

TX

Zip Code

78501-9409

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A5C86907AAB9D4C34B75

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Jose (Joey) L Cazares Jr

Mailing Address 2412 N 1st St

City

McAllen

State

TX

Zip Code

78501-9409

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AB412C883034F468DABA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Omar C Chahal

Mailing Address 4344 20th Ave S Ste 2
2845 36th Ave S

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2015

Transaction ID : A6CA0A0445D454924960

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Raymond Kay Chan

Mailing Address 883 Begonia Dr

City

San Leandro

State

CA

Zip Code

94578-3806

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A2EE4AC0C6DC44E27875

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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 238

(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

Full Name (Last, First, Middle Initial)

A. Jakob Charen

Mailing Address 107 Cypress Dr

City State Zip Code
 Woodbury NY 11797-1524

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
 11 / 10 / 2015

Transaction ID : A2276C77A678743B9B9E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Daniel Keith Cheek

Mailing Address 118 Millstone Dr

City State Zip Code
 Hillsborough NC 27278-8775

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
 11 / 05 / 2015

Transaction ID : A873F4A72C2CA4C4F853

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Walter I Chinoy

Mailing Address 1594 Shackamaxon Dr

City State Zip Code
 Scotch Plains NJ 07076-4764

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
 11 / 06 / 2015

Transaction ID : A48D27050151C43D988B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Manish Chopra

Mailing Address 8325 White Hill Ln

City

West Chester

State

OH

Zip Code

45069-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A91C3927F411D47569BE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Ann Elizabeth Christopher

Mailing Address 4206 Tuscany Ct

City

Baltimore

State

MD

Zip Code

21210-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2015

Transaction ID : A4FB77D57CD2C4B59A9A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Todd R Christy

Mailing Address 521 Dunewood

City

Saint Joseph

State

MI

Zip Code

49085-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A7B7B81433308478C963

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Alma Jo Clark

Mailing Address 28120 Fox Hollow Dr

City

Hayward

State

CA

Zip Code

94542-2251

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A65A31752D19B4E41B35

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Elizabeth A Clemente

Mailing Address 17 Flanders Valley Ct

City

Skillman

State

NJ

Zip Code

08558-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed/Morristown Medical Cente

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AD471BCC213384FE0924

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Regina E Cobb

Mailing Address 1111 Riata Valley Rd
Suite 350

City

Kingman

State

AZ

Zip Code

86409-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A856B707555C44AF8B14

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Curles Cornelius Colbert Jr.

Mailing Address 30704 Huntsman Dr E

City

Farmington Hills

State

MI

Zip Code

48331-1378

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

11 / 08 / 2015

Transaction ID : A477E9C98A0ED4FB29CF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr William Everett Collins

Mailing Address 54 Collins Ln

City

Pikeville

State

KY

Zip Code

41501-2238

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

11 / 08 / 2015

Transaction ID : A0821125FA93F4474ADB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Steven M Conlon DDS

Mailing Address 709 Cardinal Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-3416

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 ▼

375.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A71272235A1D24E38BC3

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Christopher M Connell

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : A4213A73DB90F4EB095D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Francis A Connor Jr

Mailing Address 81 Wampanoag Cir

City

North Kingstown

State

RI

Zip Code

02852-5746

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : A69FE0C6869284E858C2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Ralph A Cooley

Mailing Address 1669 White Oak Creek Dr

City

Conroe

State

TX

Zip Code

77304-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : A35BCEB76AA6D4B8C972

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr John X Cordoba

Mailing Address 1840 Bridgewater Dr

City

Lake Mary

State

FL

Zip Code

32746-6906

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : A5EF7E449B0F840FF955

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin Corry

Mailing Address 990 Rahway Ave

City

Union

State

NJ

Zip Code

07083-6546

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : AE4E16352D7CD498EAAF

Amount of Each Receipt this Period

500.00

ERMK: Paul Gosar For Congress

Full Name (Last, First, Middle Initial)

c. Dr Mark V Cowley DDS

Mailing Address 5685 S 1475 E

Ste A1

City

Ogden

State

UT

Zip Code

84403-4598

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A31D5BF73567D4AA795A

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

FOR LINE NUMBER: PAGE 38 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Jean L Creasey

Mailing Address 10882 Hidden Lake Ct

City

Nevada City

State

CA

Zip Code

95959-8224

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 05 / 2015

Transaction ID : A53178EE227A140B0831

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Kenneth Aubrey Crossland

Mailing Address 2000 4th Ave

City

Canyon

State

TX

Zip Code

79015-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 08 / 2015

Transaction ID : AF3CC0ACA369C4AA4806

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mrs. Pauletta Crowley

Mailing Address 3796 Lincoln Rd

City

Cincinnati

State

OH

Zip Code

45247-6933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Local School District

Occupation

administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 16 / 2015

Transaction ID : AB908D025A5FA492B8C2

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 39 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Joseph P Crowley

Mailing Address 3475 N Bend Rd

City

Cincinnati

State

OH

Zip Code

45239-8602

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2015

Transaction ID : A300449903F2147E2BDA

Amount of Each Receipt this Period

250.00

ERMK: Dr Brian Babin For Congress

Full Name (Last, First, Middle Initial)

B. Dr Joseph P Crowley

Mailing Address 3475 N Bend Rd

City

Cincinnati

State

OH

Zip Code

45239-8602

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2015

Transaction ID : A1D70D818329F4D0CBAD

Amount of Each Receipt this Period

500.00

ERMK: Simpson For Congress

Full Name (Last, First, Middle Initial)

c. Dr Joseph P Crowley

Mailing Address 3475 N Bend Rd

City

Cincinnati

State

OH

Zip Code

45239-8602

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2015

Transaction ID : A5DB80B4714784660BB0

Amount of Each Receipt this Period

1000.00

ERMK: Paul Gosar For Congress

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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

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

FOR LINE NUMBER: PAGE 40 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Joseph P Crowley

Mailing Address 3475 N Bend Rd

City State Zip Code
Cincinnati OH 45239-8602

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

11 / 16 / 2015

Transaction ID : A8257A8FE7EBB45118DA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Anthony M Cuomo

Mailing Address 19 Cannon Dr

City State Zip Code
Newtown CT 06470-1745

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

11 / 07 / 2015

Transaction ID : A0C20F5AB684C4290ABF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Barry D Curry

Mailing Address 4630 Crescent Hill Dr

City State Zip Code
Owensboro KY 42303-2033

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

11 / 05 / 2015

Transaction ID : AC3A7280C8026426DB3F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Timothy J Curry

Mailing Address 19151 St Rd DD

City

Saint Joseph

State

MO

Zip Code

64506

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2015

Transaction ID : A5F863817ACF6471FA59

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Amber D Cziok

Mailing Address 501 Pleasant Ave

City

Litchfield

State

MN

Zip Code

55355-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	09	/	2015

Transaction ID : A042457F5D6C844D9892

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Robert C Daby

Mailing Address 710 Morris Way

City

Sacramento

State

CA

Zip Code

95864-6173

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	08	/	2015

Transaction ID : AA3101C3CA84B4A66BCB

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 42 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Ronald D Dahl

Mailing Address 2030 Alder St

City

Ferndale

State

WA

Zip Code

98248-7727

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

11 / 06 / 2015

Transaction ID : A4ECBEDA0486B44EA886

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Patrick Dahlkemper

Mailing Address 2039 W Grove Dr

City

Gibsonia

State

PA

Zip Code

15044-6059

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

11 / 06 / 2015

Transaction ID : A3404A5DFA2EA4459ABD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr C William Bill D'Aiuto

Mailing Address 168 Seville Chase Dr

City

Winter Springs

State

FL

Zip Code

32708-3920

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 ▼

1000.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AC7C6E9086A714ADCA4A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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

FOR LINE NUMBER: PAGE 43 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Nelson P Daly

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 05 / 2015

Transaction ID : AB4F497E309044C80B21

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dr Jane R Darviche

Mailing Address 24 Round Tree Dr

City

Melville

State

NY

Zip Code

11747-3315

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A3BDD4DB89867464A857

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Daniel G Davidson

Mailing Address 11 Lilac Ave

City

Kentfield

State

CA

Zip Code

94904-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A9DD0B9B54A894531AF6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Gary S Davis

Mailing Address 610 E Orange St

City

Shippensburg

State

PA

Zip Code

17257-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : A33E82FCC3A55466F959

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Dennis C De Tomasi

Mailing Address 11241 Patterson Dr

City

Clearlake

State

CA

Zip Code

95422-9200

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : A23DDCE7149724B6196A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin W Dens

Mailing Address 2220 Norway Pine Rd SW

City

Brainerd

State

MN

Zip Code

56401-2042

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : AAF35F01EE02A47F4BD7

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Amber A Determan

Mailing Address 40780 258th St

City

Mitchell

State

SD

Zip Code

57301-5843

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

Transaction ID : AFAE8527F242646CB8E4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. Peg Dickey

Mailing Address 33 Glen Echo Dr

City

Edwardsville

State

IL

Zip Code

62025-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

Transaction ID : A948DB6B8BC354508A19

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Keith W Dickey

Mailing Address 33 Glen Echo Dr

City

Edwardsville

State

IL

Zip Code

62025-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

Transaction ID : AEA0D73FBFBC0420EA38

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Richard A Dickinson DDS

Mailing Address 69 Button Rd

City

Saint Albans

State

VT

Zip Code

05478-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : A4A9C647BD76D477AB0A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Terry Daniel Dickinson

Mailing Address 3 S Wilton Rd

City

Richmond

State

VA

Zip Code

23226-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

Transaction ID : AD1C3CBFFAA2C4798800

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Gerald C Dietz Jr.Mailing Address 50 W Big Beaver Rd
Ste 200

City

Bloomfield Hills

State

MI

Zip Code

48304-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A7D39F89DA8814F97B92

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 47 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Nita V Dixit
 Mailing Address 12840 Riverside Dr
 Ste 508

City	State	Zip Code
Valley Village	CA	91607-3339

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
11			08			2015			

Transaction ID : A38F32CA0125D4F41AE5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey E Dodge

Mailing Address 45 Payson St

City	State	Zip Code
Attleboro	MA	02703-1610

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
11			05			2015			

Transaction ID : AA804E69BC5D34952971

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr James F Dolin

Mailing Address 39 Westwood Ln

City	State	Zip Code
Woodbury	NY	11797-2600

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
11			05			2015			

Transaction ID : A32A03E3C69264BF3906

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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 48 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr W Mark Donald

Mailing Address 5155 Bond Rd

City
Louisville

State Zip Code
MS 39339-8282

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

11 / 08 / 2015

Transaction ID : AB396748D3D5D43F9998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Susan Becker Doroshow

Mailing Address 4940 Coyle Ave

City
Skokie

State Zip Code
IL 60077-3514

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

11 / 05 / 2015

Transaction ID : AEC22C393151B45538C4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Gary L Dougan

Mailing Address 103 Ravenna Dr
Unit 12

City
Long Beach

State Zip Code
CA 90803-4033

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

11 / 07 / 2015

Transaction ID : A2E86EBA943E84BE39F9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey D Dow

Mailing Address 385 River Rd

City

Benton

State

ME

Zip Code

04901-3430

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2015

Transaction ID : A9ACF8BE5F789467687F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Brendan P Dowd

Mailing Address 115 Deerhurst Park Blvd

City

Kenmore

State

NY

Zip Code

14217-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : AF0AE30E4B7EB412DAF2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Richard J Dragon

Mailing Address 1805 Camas Ct

City

Gardnerville

State

NV

Zip Code

89410-6675

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A3F8D9F25E9EC45269EC

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Trucia A DrummondMailing Address 3150 N Lake Shore Dr
Apt 33E

City	State	Zip Code
Chicago	IL	60657-4841

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
11	/	05	/	2015

Transaction ID : AD253CA15BF2F4F9FB07

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr James Russell Dumas Jr

Mailing Address PO Box 700

City	State	Zip Code
Prentiss	MS	39474-0700

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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

Transaction ID : AD9CEBA04467543A3E3

Amount of Each Receipt this Period

1000.00

ERMK: Paul Gosar For Congress

Full Name (Last, First, Middle Initial)

c. Dr Brian G Dunlap

Mailing Address 448 Main St

City	State	Zip Code
Coshocton	OH	43812-1276

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
11	/	06	/	2015

Transaction ID : A874A38D3E2804C9D98A

Amount of Each Receipt this Period

500.00

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

2000.00

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 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Mr. Kevin B Earle

Mailing Address 3193 N Drinkwater Blvd

City

Scottsdale

State

AZ

Zip Code

85251-6491

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AC106001A2EDA403A9B9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin B Earle

Mailing Address 3193 N Drinkwater Blvd

City

Scottsdale

State

AZ

Zip Code

85251-6491

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A761F713D7F3F45CFB4A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Drew Eason

Mailing Address 1111 E Tennessee St

City

Tallahassee

State

FL

Zip Code

32308-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A211CBCCDCD4F4D218B4

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Brett Eckley

Mailing Address 101 Hawksbury Trce

City State Zip Code
 Beckley WV 25801-2368

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

11 / 06 / 2015

Transaction ID : AB94DEB7D390943D188F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Arthur F Eddy

Mailing Address 32 Holden Rd

City State Zip Code
 Shirley MA 01464-2113

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

11 / 07 / 2015

Transaction ID : A382060FDBC7945C6A36

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr B Scott Eder

Mailing Address 4602 Normar Rd

City State Zip Code
 Charleston WV 25309-2522

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

11 / 06 / 2015

Transaction ID : ADD25343FA4A14841933

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Bryan C Edgar

Mailing Address 220 SW 292nd St

City

State

Zip Code

Federal Way

WA

98023-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AAFEF4ADD33F8421792D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Linda J Edgar

Mailing Address 220 SW 292nd St

City

State

Zip Code

Federal Way

WA

98023-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AD23EB8307B0545839D1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Michael Derek Edwards

Mailing Address PO Box 370

City

State

Zip Code

Wedowee

AL

36278-0370

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : AFB3CB33ECDC9439B8C3

Amount of Each Receipt this Period

500.00

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

2000.00

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 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Clelan George Ehrler

Mailing Address 1316 Knoll Rd

City

Redlands

State

CA

Zip Code

92373-7033

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AE72EED148DA0439FB2A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr David Eichler

Mailing Address 100 Eagle Ridge Rd

City

Fairbanks

State

AK

Zip Code

99712-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : A83E2B55ABC3448578F1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Andrea Burger Elenbaas

Mailing Address 11433 Azalea Trce

City

Gulfport

State

MS

Zip Code

39503-8362

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2015

Transaction ID : A3D30ACBEA5CE4972ABF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Steven P Ellinwood

Mailing Address 8533 Quailwest Cv

City State Zip Code
Fort Wayne IN 46835-9638

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

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : ADF95ECE3CF574B0CB58

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr O Andy Elliott II

Mailing Address 3727 Abbott Creek Rd

City State Zip Code
Prestonsburg KY 41653-8938

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
11 / 08 / 2015

Transaction ID : A6E4AACEB7C1148DAA96

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Laura M Eng

Mailing Address 7 High Rd

City State Zip Code
Inver Grove Heights MN 55077-1824

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : A5CF83B6D3F9548A7848

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

1125.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Jennifer Enos

Mailing Address 3326 N Granite Reef Rd

City

Scottsdale

State

AZ

Zip Code

85251-5921

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A0492733A90EB49DE98D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Steven M ErlandsonMailing Address 2143 26th Ave S
Ste D

City

Grand Forks

State

ND

Zip Code

58201-6486

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : AA415A87BE10F4B14AC5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Steven L Essig

Mailing Address 3725 State Hwy 145

City

Durham

State

NY

Zip Code

12422-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : AFCDC55EEB5744279A50

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 57 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Kelly A Faddis

Mailing Address 11825 S October Cv

City State Zip Code
Sandy UT 84092-7338

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

11 / 02 / 2015

Transaction ID : A72E1CC4CC8EE4386AC0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Fady F Faddoul

Mailing Address 6788 Wildwood Trl

City State Zip Code
Mayfield Village OH 44143-1574

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

11 / 08 / 2015

Transaction ID : A4B21E9CB2DE642EF940

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy R Fagan

Mailing Address 3313 Willow Lake Ln

City State Zip Code
Enid OK 73703-1468

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

11 / 06 / 2015

Transaction ID : AFE44A435E681487B840

Amount of Each Receipt this Period

1000.00

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 58 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Scott J Farrell

Mailing Address 125 Chalbun Rd

City Vestal State NY Zip Code 13850-2811

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

11 / 05 / 2015

Transaction ID : A27E9AED1A7B049718EB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Seth Timothy Farren

Mailing Address 5 Patriot Cir

City Clifton Park State NY Zip Code 12065-6790

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

11 / 08 / 2015

Transaction ID : AF6209A9C7C3F49E6BD5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Maxine Feinberg DDS

Mailing Address 1225 Sedgewick Ave

City Westfield State NJ Zip Code 07090-3724

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

11 / 06 / 2015

Transaction ID : A19B90141D0AC431B871

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 OF 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark J. Feldman

Mailing Address 5 Vanad Dr

City	State	Zip Code
Roslyn	NY	11576-2526

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
11	/	05	/	2015

Transaction ID : A39B6FD903CE4473286E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Loren J Feldner

Mailing Address 13009 S 83rd Ct
Ste 111

City	State	Zip Code
Palos Park	IL	60464-2144

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

M M	/	D D	/	Y Y Y Y
11	/	05	/	2015

Transaction ID : A7511B2D121BF4569B70

Amount of Each Receipt this Period

1000.00

ERMK: Paul Gosar For Congress

Full Name (Last, First, Middle Initial)

C. Dr Loren J Feldner

Mailing Address 13009 S 83rd Ct
Ste 111

City	State	Zip Code
Palos Park	IL	60464-2144

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

M M	/	D D	/	Y Y Y Y
11	/	05	/	2015

Transaction ID : A878DB1798CB6436A954

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:
 (check only one)

PAGE 60 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Alan L Felsenfeld

Mailing Address 13218A Fiji Way

Unit A

City

Marina Del Rey

State

CA

Zip Code

90292-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : A7464A003F6E84B83BEB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Terry Lee Fiddler

Mailing Address 3010 Collins Dr

City

Conway

State

AR

Zip Code

72034-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : AC44017765AD144A083E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Henry W Fields Jr

Mailing Address 1393 Harrison Pond Dr

City

New Albany

State

OH

Zip Code

43054-9592

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A455F7B26100A4370ABB

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Debra S Finney

Mailing Address 104 Chenery Ct

City

Folsom

State

CA

Zip Code

95630-6748

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : AF941FD67E48749BCB3C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Judith M Fisch

Mailing Address 204 N Main St

City

Rutland

State

VT

Zip Code

05701-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2015			

Transaction ID : A34FA4F59FEA747E0A9C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr John P Fisher

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : A9BEA70812B8C4E7A91F

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Lori A Fitzgerald

Mailing Address 3130 Cherry Creek Dr

City

Canfield

State

OH

Zip Code

44406-8167

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A8368243C187C4BEFA7A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Michael T Flynn

Mailing Address 27249 Ruslynn Dr

City

Winona

State

MN

Zip Code

55987-4971

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : AC75FBFFE08404E43B8C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Karen Diane Foster

Mailing Address 26455 E Otero Dr

City

Aurora

State

CO

Zip Code

80016-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A75A01A653B1C486CA74

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: PAGE 63 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr James L Fox

Mailing Address 2068 Silver Campine Ln

City State Zip Code
Cape Girardeau MO 63701-1890

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

11 / 19 / 2015

Transaction ID : AE161F2133B59437E92C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Charles B Foy Jr

Mailing Address 7 Greenbriar Dr

City State Zip Code
Covington LA 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 ▼

1000.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AA1D0785A546D4A3F9F7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Patrick J Foy

Mailing Address 2910 Minnehaha Curv

City State Zip Code
Wayzata MN 55391-2528

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

11 / 06 / 2015

Transaction ID : AB2E9B6CFA00A4655AB2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

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

FOR LINE NUMBER: PAGE 64 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Isaac Jay Freedman

Mailing Address 3275 Afton Rd

City State Zip Code
Dresher PA 19025-1801

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

11 / 07 / 2015

Transaction ID : A824C750D20FE48E4BF8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr John M Freeze

Mailing Address 2906 Bernice St

City State Zip Code
Cape Girardeau MO 63701-1908

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

11 / 19 / 2015

Transaction ID : A1ADC1CC60968441995F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Daniel W Fridh DDS

Mailing Address 3633 W Waverly Rd

City State Zip Code
La Porte IN 46350-7984

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

11 / 05 / 2015

Transaction ID : AF317635A5BC043A3866

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: PAGE 65 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Joel M Friedman

Mailing Address 185 E 85th St
Apt 33B

City State Zip Code
New York NY 10028-2144

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

11 / 05 / 2015

Transaction ID : A33B8E7C590E54DA982F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Patsy K Fujimoto

Mailing Address 224 Haili St

City State Zip Code
Hilo HI 96720-2975

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

11 / 06 / 2015

Transaction ID : A8F73770E7B684F22AD8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Lynn Fujimoto DMD

Mailing Address 98-660 Papalealii St

City State Zip Code
Aiea HI 96701-2728

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

11 / 05 / 2015

Transaction ID : AE47183CC9E1E4B0DAAD

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Maria D Fuller

Mailing Address 2264 Quarry Rd

City

Corning

State

IA

Zip Code

50841-8009

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

11 / 09 / 2015

Transaction ID : AA94440E14063474F867

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Samuel Wayne Galstan

Mailing Address 4701 Bruce Rd

City

Chester

State

VA

Zip Code

23831-4214

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

11 / 16 / 2015

Transaction ID : A7F6D5B47F62A47A383F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas W Gamba

Mailing Address 2519 S 20th St

City

Philadelphia

State

PA

Zip Code

19145-4204

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

11 / 16 / 2015

Transaction ID : ADF5CC58DEC2A48E7AD1

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 OF 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert A Gandola

Mailing Address 4627 Huggins St

City	State	Zip Code
San Diego	CA	92122-2609

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
11	/	08	/	2015

Transaction ID : A52EA2C5620944939AE5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Susan H. Gardner

Mailing Address 13346 Ravenna Rd
Ste 5

City	State	Zip Code
Chardon	OH	44024-7030

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
11	/	06	/	2015

Transaction ID : A3C9B28310CF94A71B98

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Kim L Gardner

Mailing Address 11710 Butternut Rd

City	State	Zip Code
Chardon	OH	44024-9357

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
11	/	06	/	2015

Transaction ID : A67986B4109AB458E98B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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

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

FOR LINE NUMBER: PAGE 68 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Stacey Strickland Gardner

Mailing Address 2409 Covemont Dr SE

City Huntsville State AL Zip Code 35801-2260

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

11 / 06 / 2015

Transaction ID : A964E85BFCFE94D538C1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Steven P Geiermann

Mailing Address 5218 N Winthrop Ave
Apt 3N

City Chicago State IL Zip Code 60640-6929

FEC ID number of contributing federal political committee.

C

Name of Employer

ADA

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2015

Transaction ID : AB4BABE610F50489B9C4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Jonathan R Gellert

Mailing Address 7633 Park Ave

City Lowville State NY Zip Code 13367-1307

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

11 / 07 / 2015

Transaction ID : A2F10063252CA4DE5B31

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Luciano Ghisalberti

Mailing Address 758 Bergen Blvd

City

Ridgefield

State

NJ

Zip Code

07657-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : ADD3D00C01783423A96E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Margaret Suzanne Gingrich DDS

Mailing Address 20480 Arthur Rd

City

Big Rapids

State

MI

Zip Code

49307-9206

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A1938AF4E235646D6B67

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Stephen O Glenn

Mailing Address 6639 S New Haven Ave

City

Tulsa

State

OK

Zip Code

74136-2843

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A7ED2CCC61E644935A68

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Carrie GordonMailing Address 1201 K St
Fl 15

City	State	Zip Code
Sacramento	CA	95814-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Dental AssociationOccupation
Staff Member

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
11			07			2015					

Transaction ID : A79516955859246DCA6D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Douglas James Gordon

Mailing Address 20 Powder Bowl Ct

City	State	Zip Code
El Sobrante	CA	94803-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
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
11			06			2015					

Transaction ID : ABD334B7F6A3746798F5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Payam Goudarzi

Mailing Address 63 Nadine Way

City	State	Zip Code
Johnson City	NY	13790-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
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
11			06			2015					

Transaction ID : AFC60586B072E45F2868

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Michael J Goulding

Mailing Address 4358 Capra Way

City

Benbrook

State

TX

Zip Code

76126-2237

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

Transaction ID : A3182FA752ED84BEB91F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Gounardes

Mailing Address 133 70th St

City

Brooklyn

State

NY

Zip Code

11209-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AD2205707DC1440EC89C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Frank J Graham

Mailing Address 515 Queen Anne Rd

City

Teaneck

State

NJ

Zip Code

07666-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

Transaction ID : A7C9440BBF7C84754A8B

Amount of Each Receipt this Period

1000.00

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

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael David Grassi

Mailing Address 12 Stonebridge Ln

City	State	Zip Code
Pittsford	NY	14534-1800

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
11	/	06	/	2015

Transaction ID : AC870E0AE23374E79826

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Bruce D Grbach DDS

Mailing Address 10131 Weathersfield Dr

City	State	Zip Code
Mentor	OH	44060-6845

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

M M	/	D D	/	Y Y Y Y
11	/	05	/	2015

Transaction ID : AC966DBA799544776BF8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Edward J Green

Mailing Address 2105 Beattie Rd

City	State	Zip Code
Albany	GA	31721-2101

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
11	/	08	/	2015

Transaction ID : AFB2F8E0219BF493ABAC

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr. Victor L. Gregory Jr.

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : ADE4C985C0DAF4D9D883

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher Thomas Griffin

Mailing Address 43 Rivers Way

City

Abbeville

State

SC

Zip Code

29620-5242

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : AB192DC4E7FB84ADA87E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. John L Guariglia

Mailing Address 1 Galloway Ct

City

East Setauket

State

NY

Zip Code

11733-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : AA94B45BB76ED470EAAB

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 74 OF 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Humaira Y Habib

Mailing Address 2902 N Michigan Ave

City
JoplinState
MOZip Code
64801-9018FEC 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
11	/	19	/	2015

Transaction ID : A67C8991FF0744F8EAD0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr William A Hadlock

Mailing Address 7934 Wrenwood Blvd

City

Baton Rouge

State

LA

Zip Code

70809-7703

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 ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

Transaction ID : A040B7F9686E543889EC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Douglas S Hadnot

Mailing Address PO Box 278

City

Lolo

State

MT

Zip Code

59847-0278

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
11	/	06	/	2015

Transaction ID : ACD5D77B2D77B4F46B72

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

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 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Patrick V Hagerty
 Mailing Address 1070 24th Ave SW
 PO BOX 649

City Albany State OR Zip Code 97321-7539

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
 11 / 07 / 2015

Transaction ID : A35DC2944FB8F4631B92

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Tara Leigh Haid

Mailing Address 8280 Bibury Ln

City Dublin State OH Zip Code 43016-7353

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
 11 / 05 / 2015

Transaction ID : AE77D591D954345CFAD8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Tara Leigh Haid

Mailing Address 8280 Bibury Ln

City Dublin State OH Zip Code 43016-7353

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
 11 / 08 / 2015

Transaction ID : A951307D5ED164473827

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 76 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Michael H Halasz

Mailing Address 9146 Beacon Light Ct

City

Dayton

State

OH

Zip Code

45458-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A03BF40E11CFD4B51847

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Hal E. Hale

Mailing Address 1223 N Rock Rd
Ste F100

City

Wichita

State

KS

Zip Code

67206-1271

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A224D1F41CFAE45F5B55

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mrs. Carol Hall

Mailing Address 740 Sayles Blvd

City

Abilene

State

TX

Zip Code

79605-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A3A893A3C58AA476597A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

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

FOR LINE NUMBER: PAGE 77 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Glen David Hall

Mailing Address 3374 S 27th St

City State Zip Code
 Abilene TX 79605-6224

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

11 / 05 / 2015

Transaction ID : A1B6DECEDF95440AB26

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Robert Joseph Hanlon Jr

Mailing Address 423 Mainsail Rd

City State Zip Code
 Oceanside CA 92054-4773

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

11 / 08 / 2015

Transaction ID : A5F0220A475B54036959

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mrs. Leslie Hannigan

Mailing Address c/o PO Box 1659

City State Zip Code
 Orleans MA 02653-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arthur Hannigan, DDS

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 16 / 2015

Transaction ID : A7512D608539A4C92912

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Henrik Hansen

Mailing Address 3359 Ticonderoga Dr

City	State	Zip Code
Fairfield	CA	94534-3346

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
11	/	06	/	2015

Transaction ID : A186197E65E6545DAB0E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kenneth M Hargreaves

Mailing Address 15606 Doe Hvn

City	State	Zip Code
San Antonio	TX	78248-1330

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
11	/	06	/	2015

Transaction ID : AC82509E65EC34AB19D4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Kenneth T Harrison

Mailing Address 511 Sunnyside Ave

City	State	Zip Code
Redlands	CA	92373-5629

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
11	/	08	/	2015

Transaction ID : A0C8B3B1A85E14BBEB8D

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Monica Hebl

Mailing Address 163 N 89th St

City

Wauwatosa

State

WI

Zip Code

53226-4501

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
11			07			2015			

Transaction ID : A22FFEA420D0E4B6291E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Gary James Hedin

Mailing Address 1323 N 7th Ave E

City

Duluth

State

MN

Zip Code

55805-1155

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
11			09			2015			

Transaction ID : A04327B103BDF463E888

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mrs. Carol Heimann

Mailing Address 7535 N 22nd Pl

City

Phoenix

State

AZ

Zip Code

85020-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christ the King Lutheran Church

Occupation

Parish Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : A78C28D5604754A799B3

Amount of Each Receipt this Period

250.00

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

750.00

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

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

FOR LINE NUMBER: PAGE 80 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr William J Heimann

Mailing Address 7535 N 22nd Pl

City

Phoenix

State

AZ

Zip Code

85020-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2015

Transaction ID : ACB45C463AC8C41708FE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Stanley James Heleniak

Mailing Address 200 WOOD SPRING RD

City

Gwynedd Valley

State

PA

Zip Code

19437

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 08 / 2015

Transaction ID : A4A3A3D9D622E46C0885

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Lori M Henderson

Mailing Address 704 Glenwood Ct

City

Columbia

State

MO

Zip Code

65203-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 19 / 2015

Transaction ID : ADCC41C22648943CDBE4

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Sharon Muko Henderson

Mailing Address 1270 Abbe Rd N

City

Elyria

State

OH

Zip Code

44035-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : A0BB7E7554CB3489E8DC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin A Henner

Mailing Address 24 Round Tree Dr

City

Melville

State

NY

Zip Code

11747-3315

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A6505C0B045FB4264B7A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Rhonda Jean HennessyMailing Address 1121 N Saginaw St
Ste 4

City

Holly

State

MI

Zip Code

48442-1380

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AF54C59EE3D4A4739B0D

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 82 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Gary Neil Herman

Mailing Address 18911 Granada Cir

City

Northridge

State

CA

Zip Code

91326-1505

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

11 / 06 / 2015

Transaction ID : A7736B5921CBC498CA50

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Gary E Heyamoto

Mailing Address 15657 NE 190th St

City

Woodinville

State

WA

Zip Code

98072-6439

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

11 / 06 / 2015

Transaction ID : ABD7C1F56186D455AB49

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Ron Coby Hill

Mailing Address 3118 Sabine Point Way

City

Missouri City

State

TX

Zip Code

77459-6440

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

11 / 06 / 2015

Transaction ID : A6185F5BB7F56408EA7C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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 83 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Gregory Hill

Mailing Address 26881 E Arbor Dr

City

Aurora

State

CO

Zip Code

80016-6126

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AEFDB7C194970413696E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Linda K Himmelberger

Mailing Address 43 Oak Knoll Dr

City

Berwyn

State

PA

Zip Code

19312-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : AE6DF6417493440B68FE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Craig S Hirschberg

Mailing Address 365 Forest Rd

City

South Orange

State

NJ

Zip Code

07079-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A0AFE16EFE0CE49388E4

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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 84 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Michael J Hoffmann

Mailing Address 600 N Taylor Ave

City

Kirkwood

State

MO

Zip Code

63122-2942

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

11 / 19 / 2015

Transaction ID : AAA5C3B2CA4E4470F8F9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Charles W Hoffman

Mailing Address 237 Golfview Dr

City

Tequesta

State

FL

Zip Code

33469-1922

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

11 / 08 / 2015

Transaction ID : AE82FF78289554D469B0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Steven C Hollar

Mailing Address 1632 S Woodfield Trl

City

Warsaw

State

IN

Zip Code

46580-5819

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 ▼

375.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A3E5621EC79804A2FBF6

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Edward T Holliday

Mailing Address 1536 Columbine Dr

City

Tupelo

State

MS

Zip Code

38801-8493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : ABB2FF46415D24CB0BE1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr James Welch Hollingsworth DMD

Mailing Address 21667 Highway 80

City

Lake

State

MS

Zip Code

39092-9293

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : A74E10D10BBBC4CCEB4D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr John Kevin Holman

Mailing Address 2740 Saint Andrews Dr

Tupe

City

Belden

State

MS

Zip Code

38826-9537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A863F351699E6451D8E4

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Steven J Holm

Mailing Address 635 Deer Meadow Trl

City

Valparaiso

State

IN

Zip Code

46385-8920

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A62837BB083A34B04966

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jon HoltzeeMailing Address 1812 S Dearborn St
Apt 45

City

Chicago

State

IL

Zip Code

60616-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Dental Association

Occupation

Director, State Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : AF4D1FA1E1F0740E8A8A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr David R Holwager

Mailing Address 707 N Cambridge Rd

City

Cambridge City

State

IN

Zip Code

47327-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : AA4DD2E0EDF7E40FCBA7

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Duc Minh Ho

Mailing Address 8207 Cabrillo Landing Ct

City	State	Zip Code
Katy	TX	77494-2005

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
11	/	06	/	2015

Transaction ID : A87407D6499FE4B4BB6F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Allison Borden House

Mailing Address 10615 N 44th St

City	State	Zip Code
Phoenix	AZ	85028-3539

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 ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : ACA5B22CCDDEC4E9FB45

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Lisa P Howard

Mailing Address 16 Rivers Edge Dr

City	State	Zip Code
Kennebunk	ME	04043-7741

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
11	/	06	/	2015

Transaction ID : AF2BF4721B15145F385F

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Philip B Howells

Mailing Address 22 Edmunds Way

City

Northborough

State

MA

Zip Code

01532-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : AF6FC58161AEC47FD8A2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jesse George Hronkin

Mailing Address 3350 S Sky Ranch Loop

City

Palmer

State

AK

Zip Code

99645-9007

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : A9EBFB8F66ADB44B4A40

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr George J Hucal

Mailing Address PO Box 6585

City

El Paso

State

TX

Zip Code

79906-0585

FEC ID number of contributing
federal political committee.

C

Name of Employer

US ARMY

Occupation

DENCOM COMMANDER

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A63302AE91C884F27867

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 89 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Mark B Hughes

Mailing Address 25201 N 47th Dr

City

Phoenix

State

AZ

Zip Code

85083-2227

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

11 / 06 / 2015

Transaction ID : A6F31517F161048A08A9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Bertram Jeffrey Hughes

Mailing Address PO Box 141131

City

Gainesville

State

FL

Zip Code

32614-1131

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

11 / 06 / 2015

Transaction ID : A87AAF16521414961A54

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard A Huot

Mailing Address 6001 Highway A1A

City

Vero Beach

State

FL

Zip Code

32963-1014

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

11 / 06 / 2015

Transaction ID : A7329067F98764ED4909

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffery M HurstMailing Address 1927 Denver West Ct
Apt 1934

City	State	Zip Code
Golden	CO	80401-0941

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
11	/	06	/	2015

Transaction ID : AA21D8B072BE14561BB7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Bruce R Hutchison

Mailing Address 14245P Centreville Sq

City	State	Zip Code
Centreville	VA	20121-2368

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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : A722167793FBB4542A9A

Amount of Each Receipt this Period

1000.00

ERMK: Paul Gosar For Congress

Full Name (Last, First, Middle Initial)

C. Dr William L IngramMailing Address 2607 Hickory Flats Trl SE
Ste 10-B

City	State	Zip Code
Huntsville	AL	35801-1432

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
11	/	08	/	2015

Transaction ID : AC793C0F3D2204743886

Amount of Each Receipt this Period

250.00

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

1500.00

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 91 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Karin Irani

Mailing Address 9663 Santa Monica Blvd

City

Beverly Hills

State

CA

Zip Code

90210-4303

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

11 / 08 / 2015

Transaction ID : A677E9CD9C3274B989A2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Richard D Isaacson

Mailing Address 103 Parker Rd

City

West Long Branch

State

NJ

Zip Code

07764-1009

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

11 / 06 / 2015

Transaction ID : A4EB5C631DF4340D3BA2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas M Isbell Jr

Mailing Address PO Box 190

City

Mountain View

State

AR

Zip Code

72560-0190

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

11 / 06 / 2015

Transaction ID : AD8B5FDDFD0924B3B9E5

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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 92 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Gordon R Isbell III

Mailing Address 317 Lake Wood Dr

City

Gadsden

State

AL

Zip Code

35901-5343

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A33DE43FA627D497D958

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Emily Roxanne Ishkanian

Mailing Address 11076 Evvie Ln

City

Las Vegas

State

NV

Zip Code

89135-7837

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2015

Transaction ID : A200FC706346247FAA1B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr David P Jackson

Mailing Address 9245 Anhawa Ave

City

Longmont

State

CO

Zip Code

80503-7896

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AFD056581657048779B6

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr David P Jackson

Mailing Address 9245 Anhawa Ave

City

Longmont

State

CO

Zip Code

80503-7896

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
11			07			2015			

Transaction ID : AC38D9D690EA847CB957

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Hubert Joseph Jacob Jr

Mailing Address 6171 Squirrelwoods Ln

City

Cincinnati

State

OH

Zip Code

45247-5970

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
11			08			2015			

Transaction ID : A8D765DAE8C9F45F2850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr James Edward JacobsMailing Address 3 Horizon Rd
2-A

City

Fort Lee

State

NJ

Zip Code

07024-6744

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
11			08			2015			

Transaction ID : AB42C7C4557EC43B2BE0

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Laji J James

Mailing Address 12314 Shady Downs Dr

City

Houston

State

TX

Zip Code

77082-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : ADDA54BC281794709836

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Gary E Jeffers

Mailing Address 42890 Steepleview St

City

Northville

State

MI

Zip Code

48168-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : AA6A9587CAB99491EBC2

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Dr Jill Colleen Jenkins

Mailing Address 13849 Meadow Cir

City

Overland Park

State

KS

Zip Code

66224-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A7305029E0A0D4525857

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 95 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mary S Jennings

Mailing Address 16218 135th Ave E

City

Puyallup

State

WA

Zip Code

98374-9496

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AE441D20D4D9742E9A65

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kim U Jernigan

Mailing Address 1326 E Lee St

City

Pensacola

State

FL

Zip Code

32503-5622

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A52CAD7D9A9F74CDCA0F

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

c. Dr Ben W Jernigan Jr

Mailing Address 4581 E Brookhaven Dr NE

City

Brookhaven

State

GA

Zip Code

30319-2676

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AFC08CCDB517A4CB4A89

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

3250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Viren L Jhaveri

Mailing Address 39 Wheatley Rd

City

Old Westbury

State

NY

Zip Code

11568-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : ABAEBCAB6D72240D0A6I

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Karen A Johnson (Dunlavy)

Mailing Address N371 Marten Rd

City

Fremont

State

WI

Zip Code

54940-8736

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A6FA17292E5D14E62859

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Bradford R Johnson

Mailing Address 917 Madison Ave

City

Wauconda

State

IL

Zip Code

60084-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : AE72B93FD34084A0B934

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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 97 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Frederick S Johnson

Mailing Address 221 W Penn Ave
Ste 213

City Cleona State PA Zip Code 17042-3230

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

11 / 09 / 2015

Transaction ID : A2078A1C278FE43DC8F5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Gregory E Jones

Mailing Address 54990 Mallard Dr

City Bend State OR Zip Code 97707-2409

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

11 / 06 / 2015

Transaction ID : A6604BBBD268F54D489D6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Gary Owen Jones

Mailing Address 3765 E Palm St

City Mesa State AZ Zip Code 85215-1107

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

11 / 06 / 2015

Transaction ID : A0305F0FADFBA438E989

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 98 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Guenter J Jonke

Mailing Address 1 Abbey Ln

City	State	Zip Code
Setauket	NY	11733-1939

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
11	/	08	/	2015

Transaction ID : A29CE57BE62B545F9842

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Richard B Kahn

Mailing Address 165 Hardenburg Ln

City	State	Zip Code
East Brunswick	NJ	08816-2455

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
11	/	06	/	2015

Transaction ID : A1323FBD0A53246C68C8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr James A Karlowicz

Mailing Address 1401 Parkdale Dr

City	State	Zip Code
Dover	OH	44622-1115

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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : ADDDC93F214974416AF4

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 99 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr William Karp

Mailing Address 209 White Heron Cir

City	State	Zip Code
Fayetteville	NY	13066-9502

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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : AB2FD5D00B66443FE9EE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin M Keating

Mailing Address 5107 Cashmere Ct

City	State	Zip Code
Fair Oaks	CA	95628-5365

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
11	/	06	/	2015

Transaction ID : AEB615EA4A106445A8DF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Daniel G Kegler

Mailing Address 1114 3rd St NE

City	State	Zip Code
Independence	IA	50644-2219

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
11	/	09	/	2015

Transaction ID : AE152135CE1344A7E925

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr David C Keim

Mailing Address 974 Birch Grove Rd

City

Kalispell

State

MT

Zip Code

59901-6720

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A05CEC076CB034FF38A6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas S KellyMailing Address 35 Pinewood Ln
Ste 180

City

Hudson

State

OH

Zip Code

44236-3467

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A04C52498DDCA471E80B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Thomas S KellyMailing Address 35 Pinewood Ln
Ste 180

City

Hudson

State

OH

Zip Code

44236-3467

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A2C8BD832C85243778EF

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Steven Jay Kend

Mailing Address 1515 Via Lopez

City	State	Zip Code
Palos Verdes Estates	CA	90274-1961

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
11			06			2015			

Transaction ID : A7324FBBC066448919DB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Joseph R Kenneally

Mailing Address 16 Rivers Edge Dr

City	State	Zip Code
Kennebunk	ME	04043-7741

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
11			07			2015			

Transaction ID : A719B7576440F4E9DA87

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Leigh W KentMailing Address 1156 Berwick Rd
Ste 26

City	State	Zip Code
Birmingham	AL	35242-7120

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
11			05			2015			

Transaction ID : AFAEF2F27592749D8924

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Marilyn Vigil Ketcham

Mailing Address 2950 Cherry St

City

Denver

State

CO

Zip Code

80207-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Denver Health Hospital Authority

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : A095C8B243B84491A866

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Mohamad S KholakiMailing Address 3863 Sky View Ln
Ste 5

City

La Crescenta

State

CA

Zip Code

91214-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : ABC75AB657F554C3789A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Irvind KhuranaMailing Address 8 Goodwin St
Ste 1308

City

Hastings On Hudson

State

NY

Zip Code

10706-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : A8AA10DF0D5E94FE887A

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 103 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Scott H Kido

Mailing Address 1220 Torrey Ln

City

Nampa

State

ID

Zip Code

83686-5664

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : ADD9EDDE1D80E4EF58C5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin M Killian

Mailing Address 8 Windcastle Pl

City

Saint Charles

State

MO

Zip Code

63304-0456

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

Transaction ID : ACA13FEB23AAB4BE2820

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Bracken KillpackMailing Address 1000 4th Ave
Ste 3800

City

Seattle

State

WA

Zip Code

98104-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington State Dental Association

Occupation

Staff

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A48D4D0C9336C48278BA

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: PAGE 104 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr David R Kimberly

Mailing Address 970 Pelee Dr

City State Zip Code
Akron OH 44333-2955

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

11 / 06 / 2015

Transaction ID : AEAAF0B03762E4C37A50

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr David R Kimberly

Mailing Address 970 Pelee Dr

City State Zip Code
Akron OH 44333-2955

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

11 / 08 / 2015

Transaction ID : AEF776250B2654301A1D

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Dr Paul J Kim

Mailing Address 310 Heights Ln

City State Zip Code
Tenaflly NJ 07670-2334

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

11 / 05 / 2015

Transaction ID : ACB7F2729775C4F8B97B

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 105 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Rebecca Susan King

Mailing Address 1435 Poinsett Dr

City

Chapel Hill

State

NC

Zip Code

27517-9233

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A4F0E8B18ADF445BDA16

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Bruce P Kinney

Mailing Address 502 N 61st Ave

City

Yakima

State

WA

Zip Code

98908-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : A35DECBE4E69E412F866

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mrs. Adaline Klemmedson

Mailing Address 4501 N Paseo Imuris

City

Tucson

State

AZ

Zip Code

85750-1710

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Medical Ctr

Occupation

hospital administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2015

Transaction ID : A85620C11CF9F4CDB80C

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 106 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Daniel J Klemmedson

Mailing Address 3150 N Swan Rd

City State Zip Code
 Sierra Vista AZ 85635

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

11 / 16 / 2015

Transaction ID : A48A9BA37066F4547A75

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul Knecht

Mailing Address PO Box 1194

City State Zip Code
 Pierre SD 57501-1194

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Dakota Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A7C27A4F8EBB14E09A5E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Christopher John Kotchick DMD

Mailing Address 210 BRAEWOOD RD RR#3

City State Zip Code
 Dalton PA 18414

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

11 / 09 / 2015

Transaction ID : AE9D59F66CEB84606A32

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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 107 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr John George Kramer

Mailing Address 9 N 4th St

City

Martins Ferry

State

OH

Zip Code

43935-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : AFD5A9C3B8C9C498CA29

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Daniel B Krantz

Mailing Address 24 Ruppert Dr

City

Somerset

State

NJ

Zip Code

08873-7343

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AFE4ECED8AE094F0A874

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Keith V Krell

Mailing Address 1620 S 43rd St

City

West Des Moines

State

IA

Zip Code

50265-5383

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AC32E938328DB4F1FB7E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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 108 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Prabha Krishnan

Mailing Address 148 Elm St

City

Roslyn Heights

State

NY

Zip Code

11577-1210

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

11 / 05 / 2015

Transaction ID : AEAA946A7CBC74C6EA8/

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Andrew J Kwasny

Mailing Address 6470 Field Valley Ln

City

Fairview

State

PA

Zip Code

16415-1725

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

11 / 08 / 2015

Transaction ID : A60C2DD169F094CF5A2D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Billie Sue Kyger

Mailing Address 178 Crestview Dr

City

Gallipolis

State

OH

Zip Code

45631-8101

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

11 / 06 / 2015

Transaction ID : A70B2D92596E84F17B94

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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

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

FOR LINE NUMBER: PAGE 109 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Michael LaCorte

Mailing Address 2196 E Rio Vistoso Ln

City State Zip Code
 Oro Valley AZ 85755-1910

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

11 / 06 / 2015

Transaction ID : A160572D1E1174545814

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Michael R LaFerla

Mailing Address 3727 Spring Hill Rd

City State Zip Code
 Joplin MO 64804-8121

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

11 / 19 / 2015

Transaction ID : AA5311081480349CEBAE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin M Laing

Mailing Address 10588 Van Wert Decatur Rd

City State Zip Code
 Van Wert OH 45891-8400

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 ▼

375.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A1C384E689A194868980

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

2375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Brent A Larson

Mailing Address 928 E 100 S

Ste A

City

Salt Lake City

State

UT

Zip Code

84102-1486

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : A8DE029154A1549A6A4D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul R Leary

Mailing Address 17 Windwood Dr

City

Nesconset

State

NY

Zip Code

11767-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A8EF8D08B6622429F9DA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Michael A LeBlanc

Mailing Address 10404 Howe Ln

City

Leawood

State

KS

Zip Code

66206-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A69C8AF3F9E6D4C4A828

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

FOR LINE NUMBER: PAGE 111 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Ryan Samuel Lebster

Mailing Address 2617 Lakeshore Dr N

City State Zip Code
Holland MI 49424-6028

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

11 / 06 / 2015

Transaction ID : A8CCB1BC52B54405190B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Natasha Anne Lee

Mailing Address 1211 26th Ave

City State Zip Code
San Francisco CA 94122-1504

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

11 / 06 / 2015

Transaction ID : A228202D5C55B4B09ABC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Chad R Leighty

Mailing Address 1205 W North Dr

City State Zip Code
Marion IN 46952-1833

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

11 / 05 / 2015

Transaction ID : A9AA66893DC654BBB874

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Ronald P LemmoMailing Address 2775 Bishop Rd
Ste A

City	State	Zip Code
Wickliffe	OH	44092-2683

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
11	/	30	/	2015

Transaction ID : A0D36061E426A4D42B51

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Dana Kistler LeRoy

Mailing Address 1341 Cattail Ct

City	State	Zip Code
Sheridan	WY	82801-2157

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
11	/	06	/	2015

Transaction ID : A0B501E05B64D41CB83D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Linda Gibson Levin

Mailing Address 3800 Westchester Rd

City	State	Zip Code
Durham	NC	27707-5071

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
11	/	06	/	2015

Transaction ID : A99B44674534E4C9B8D0

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Neal R Levitt

Mailing Address 1390 Clover St

City
RochesterState
NYZip Code
14610-3319FEC 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
11			05			2015			

Transaction ID : A72D758903EE34991B14

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas A Levy

Mailing Address 4405 N Country Club Ln

City
Long BeachState
CAZip Code
90807-1430FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AA5CBE54C36914441BFA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John Liang

Mailing Address 3675 Mohawk St

City
New HartfordState
NYZip Code
13413-3809FEC 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
11			05			2015			

Transaction ID : A3314FA83139D4572938

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

FOR LINE NUMBER: PAGE 114 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Rudolph T Liddell III

Mailing Address 3623 Sugar Loaf Ln

City
Valrico

State
FL

Zip Code
33596-6068

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

11 / 05 / 2015

Transaction ID : AC4E040204DD346F688A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Howard I A Lieb

Mailing Address 37 Windsor Rd

City

Staten Island

State

NY

Zip Code

10314-4515

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

11 / 06 / 2015

Transaction ID : A0F54997799694B0BBBD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Cary J Limberakis

Mailing Address 500 Old York Road
Suite 106

City

Jenkintown

State

PA

Zip Code

19046-2871

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

11 / 07 / 2015

Transaction ID : A8172918D3D704F5C8B3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 115 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Kurt S Lindemann

Mailing Address 10 Logan Way

City

Kalispell

State

MT

Zip Code

59901-6869

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A596E4B065A5841A0848

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kimberly A Lindquist

Mailing Address 4838 Oak Ridge Dr

City

Hermantown

State

MN

Zip Code

55811-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AF7F7D8B633144AF999C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Michael J Link

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : AF7E1344B88A941E092B

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey D Lloyd

Mailing Address 5664 Camarrio Ct

City	State	Zip Code
Rancho Cucamonga	CA	91739-2327

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
11	/	06	/	2015

Transaction ID : A1E6C1BF9EFD64204B37

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Richard Merwin Lofthouse

Mailing Address 640 Coolidge Ct

City	State	Zip Code
Fennimore	WI	53809-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

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
11	/	05	/	2015

Transaction ID : AD320A92E3C5A4E87867

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Richard LoGuercio DDS

Mailing Address 42 Black Pond Hill Rd

City	State	Zip Code
Norwell	MA	02061-1020

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
11	/	08	/	2015

Transaction ID : A5CD10FFAE05945A2BFE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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 117 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Phil F Loida

Mailing Address 599 Cedar Ln

City

Sainte Genevieve

State

MO

Zip Code

63670-1533

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 ▼

500.00

Date of Receipt

11 / 19 / 2015

Transaction ID : A795AF9ED00B5424C814

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. S Jerry Long

Mailing Address 4515 Diamond Springs Dr

City

Missouri City

State

TX

Zip Code

77459-6323

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

11 / 06 / 2015

Transaction ID : A52768A7A447A4E64A62

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Juan R Lopez DDS

Mailing Address 3601 NW Enclave Blvd

City

Lawton

State

OK

Zip Code

73505-3888

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dentist

Occupation

Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2015

Transaction ID : ABC96BD9823494B089B7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 OF 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David Craig Lurye

Mailing Address 614 River Park Dr

City	State	Zip Code
Ridgway	CO	81432-8710

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
11	/	06	/	2015

Transaction ID : AE2D5CD86BB0D4A758E3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David P Lustbader

Mailing Address 8 Hearthridge Drive

City	State	Zip Code
Canton	MA	02021-1678

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
11	/	05	/	2015

Transaction ID : AAEF73644D65642AE9A1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Michael Maihofer

Mailing Address 21624 Blackburn St

City	State	Zip Code
Saint Clair Shores	MI	48080-1290

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
11	/	16	/	2015

Transaction ID : A2A2287537C5A48808C1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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 119 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Marshall Hamilton Mann

Mailing Address 513 E 9th St SE

 City
 Rome

 State
 GA

 Zip Code
 30161-6211

 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
11	/	05	/	2015

Transaction ID : A8197EF929D37412B804

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr David James Manzanares
 Mailing Address 13240 Silver Peak PI NE
 Apt 701

City

Albuquerque

State

NM

Zip Code

87111-8261

 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
11	/	08	/	2015

Transaction ID : A87A66C48E3124750B29

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Maria C Maranga

Mailing Address 8 Rolling Meadow Ln

City

Northport

State

NY

Zip Code

11768-2659

 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
11	/	05	/	2015

Transaction ID : AE014660CFDF045B8A1B

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 120 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr George A Maranon

Mailing Address 2565 Cordelia Rd

City

Los Angeles

State

CA

Zip Code

90049-1217

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

11 / 08 / 2015

Transaction ID : A49214872C07944CD92F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Carliza A Marcos

Mailing Address 160 29th Ave

City

San Mateo

State

CA

Zip Code

94403-2759

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

11 / 08 / 2015

Transaction ID : A80F992DC75BC4374932

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Michael J Marrone

Mailing Address 1230 Garrett Ave

City

Niagara Falls

State

NY

Zip Code

14305-1177

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

11 / 06 / 2015

Transaction ID : A88948ADEA40D40E6A14

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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 121 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Irene Marron-Tarrazzi
 Mailing Address 848 Brickell Ave
 Ste 940

City	State	Zip Code
Miami	FL	33131-3026

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

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A18439305899A49D6A7A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Bryan Tim Marshall

Mailing Address 6152 New Osprey Pt

City	State	Zip Code
Weeki Wachee	FL	34607-4017

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
11			05			2015			

Transaction ID : A0BFA8F441BE8459DBCB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Raymond K Martin
 Mailing Address 200 Chauncy St
 Ste 212

City	State	Zip Code
Mansfield	MA	02048-1200

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
11			05			2015			

Transaction ID : AEE650010228B4877AA9

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 122 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr James Maslowski

Mailing Address 10 Laurel Ridge Rd

City
Southwick

State
MA

Zip Code
01077-9225

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

11 / 09 / 2015

Transaction ID : AC5C8A253955941EEB1D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Claudia Masouredis

Mailing Address 33 Robinhood Dr

City

San Francisco

State

CA

Zip Code

94127-1624

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

11 / 16 / 2015

Transaction ID : AF5FEFCAA8A5F46F18FA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Heather A Maupin

Mailing Address 4877 Myrtle Ln

City

Greenwood

State

IN

Zip Code

46142-9200

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

11 / 08 / 2015

Transaction ID : A81581682228F402BBD2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 123 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Charles B Maxwell

Mailing Address 441 Country Club Dr

City State Zip Code
 Johnsonville SC 29555-6608

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

11 / 06 / 2015

Transaction ID : AFB84342072C641158BE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Harold L Maynard

Mailing Address 405 Wildlife Dr

City State Zip Code
 Somerset KY 42503-6254

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

11 / 16 / 2015

Transaction ID : A8C1729B3E55B4D048E6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Robert L Mazzola

Mailing Address 15 Artesian Ct

City State Zip Code
 Springboro OH 45066-9437

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

11 / 16 / 2015

Transaction ID : A90C3CD75B85E44E685B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 124 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Carol Mc Cutcheon

Mailing Address 166 W Campbell Ave

City State Zip Code
 Campbell CA 95008-1029

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

11 / 08 / 2015

Transaction ID : A03AADD5A943B4D1D918

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr James William Mc Daniel

Mailing Address 1201 Rocky Dell Ln

City State Zip Code
 Signal Mountain TN 37377-3371

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

11 / 05 / 2015

Transaction ID : AE869BB974D324B25A93

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Dr Brittany Soden McCarthy

Mailing Address 17 N Harding Rd

City State Zip Code
 Columbus OH 43209-1583

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

11 / 06 / 2015

Transaction ID : A03F0A79A85154BA4966

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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 125 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Laurie K McCauley

Mailing Address 2424 Londonderry Rd

City

Ann Arbor

State

MI

Zip Code

48104-4016

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

11 / 17 / 2015

Transaction ID : A00FDCFE9FCAB4D5CB74

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Charles C McGinty

Mailing Address 5059 Mc Clelland Blvd

City

Joplin

State

MO

Zip Code

64804-4884

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

11 / 07 / 2015

Transaction ID : ABFBBD526689C4266813

Amount of Each Receipt this Period

1000.00

ERMK: Paul Gosar For Congress

Full Name (Last, First, Middle Initial)

C. Mr. Frank X. McLaughlin Jr.

Mailing Address 6410 Dobbin Rd
Ste

City

Columbia

State

MD

Zip Code

21045-4774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland State Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : A763325F07D6D464C9C2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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 126 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr James G McMahan

Mailing Address 1801 Highland Dr

City

La Grande

State

OR

Zip Code

97850-3209

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

11 / 06 / 2015

Transaction ID : A6CED55BA81BB4136997

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr James G McMahan

Mailing Address 1801 Highland Dr

City

La Grande

State

OR

Zip Code

97850-3209

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

11 / 08 / 2015

Transaction ID : A5A14C7226F484F96A39

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Dr Ernest Mears Jr

Mailing Address 358 Cemetery Rd

City

Oswego

State

NY

Zip Code

13126-6056

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

11 / 05 / 2015

Transaction ID : AEFE13EB1A6BC42BA8F5

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 127 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Mr. Arthur Meisel

Mailing Address 1 Dental Plz

P

City

North Brunswick

State

NJ

Zip Code

08902-4313

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

Transaction ID : A45E56ECC759843AD9BF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Stephen J Meraw

Mailing Address 366 Rivard Blvd

City

Grosse Pointe

State

MI

Zip Code

48230-1671

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
11			08			2015			

Transaction ID : AC5715B79EDC54A11A89

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Kennedy Wood Merritt

Mailing Address 7214 E Montgomery Rd

City

Scottsdale

State

AZ

Zip Code

85266-1898

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
11			06			2015			

Transaction ID : A010E2F5984B546CF8DC

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: PAGE 128 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Matthew J Messina

Mailing Address 3923 N Valley Dr

City

Fairview Park

State

OH

Zip Code

44126-1772

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AE74303815CAF4FD885A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr William Lawrence Metz

Mailing Address 919 Long Lake Dr

City

Brighton

State

MI

Zip Code

48114-7605

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A2CC4C1939B484151A8F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Gerald M Middleton

Mailing Address 4234 Riverwalk Pkwy Ste 100
4234 Riverwalk Pkwy

City

Riverside

State

CA

Zip Code

92505

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : AE8087028DDF24CD8AE2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER: PAGE 129 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Mark J Mihalo

Mailing Address 1339 W State Road 2

City State Zip Code
La Porte IN 46350-4665

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

11 / 06 / 2015

Transaction ID : A654C9A221BEE41B782B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David J Miller DDS

Mailing Address 2232 4th St

City State Zip Code
East Meadow NY 11554-1832

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

11 / 05 / 2015

Transaction ID : AD51CEB93D13541598B7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Edward J Miller

Mailing Address 72 Lakeview Ave

City State Zip Code
W Harrison NY 10604-2606

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

11 / 06 / 2015

Transaction ID : A683AF438A8884BDFB6C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

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

FOR LINE NUMBER: PAGE 130 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Paul R Miller

Mailing Address 5045 Westshore Dr

City

New Port Richey

State

FL

Zip Code

34652-3043

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

11 / 05 / 2015

Transaction ID : A733A912CFFBB49409C6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Paul R Miller

Mailing Address 5045 Westshore Dr

City

New Port Richey

State

FL

Zip Code

34652-3043

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

11 / 06 / 2015

Transaction ID : AA4FBDC7B9DAB4A598DC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr G Lewis Mitchell Jr

Mailing Address 321 Dogwood Cir

City

Gadsden

State

AL

Zip Code

35901-5603

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

11 / 06 / 2015

Transaction ID : A5B804DAB57EF4C1AB3F

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 131 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joseph S Modica

Mailing Address 571 Bauman Ct

City

Williamsville

State

NY

Zip Code

14221-2769

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A9A943936C0554E1A84E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Brenden D Moon

Mailing Address 4529 Brandywine Ln

City

Quincy

State

IL

Zip Code

62305-9047

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AF1A18F8C212D44208F5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr John J Mooney

Mailing Address 84 Bosworth Rd

City

Pomfret Center

State

CT

Zip Code

06259-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A36D02E273BB64561A09

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 132 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Kara Griffin Moore

Mailing Address 3907 Upper River Rd

City	State	Zip Code
Gray	GA	31032-3821

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
11	/	05	/	2015

Transaction ID : A2B69679CF86B4B4588E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Ralph Moore Jr

Mailing Address 7458 Cherokee Ln

City	State	Zip Code
Liberty Township	OH	45044-3266

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
11	/	06	/	2015

Transaction ID : A73830E26C36C43BC99B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark MooresMailing Address 9201 Montgomery Blvd NE
Ste 601

City	State	Zip Code
Albuquerque	NM	87111-2470

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Mexico Dental Association

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
11	/	06	/	2015

Transaction ID : AF6B2C66F64C9401C95E

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 133 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr David T Moore

Mailing Address 7324 Anton Cir NE

City

Albuquerque

State

NM

Zip Code

87122-3379

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

11 / 06 / 2015

Transaction ID : A02BA455F45E444FBA0D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher D Morgan

Mailing Address 2287 Calle Cacique

City

Santa Fe

State

NM

Zip Code

87505-4909

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

11 / 08 / 2015

Transaction ID : A6E162A8DE3C146D5AC8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Janis C Moriarty

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 ▼

1000.00

Date of Receipt

11 / 10 / 2015

Transaction ID : A7158B1A9E5194B05A41

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 134 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Donna Thomas Moses

Mailing Address 1237 Oak Grove Rd

City

Temple

State

GA

Zip Code

30179-4928

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : AC7B52913486E4FCBA1F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Rick M Mueller

Mailing Address PO Box 929

City

Marshfield

State

WI

Zip Code

54449-0929

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2015

Transaction ID : A71BF42985CCB4F138AA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Rhett Leonard Murray

Mailing Address 11903 E Yale Way

City

Aurora

State

CO

Zip Code

80014-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : AD6078AFFDC9742B196D

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Garry L Myers

Mailing Address 3010 Lady Marian Ln

L

City

Midlothian

State

VA

Zip Code

23113-1174

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : ACE0B8ABEEC594F6794F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Gary L Myers

Mailing Address 531 Creekview Cir

City

Hoover

State

AL

Zip Code

35226-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	16	/	2015

Transaction ID : AF0D95C1CEAD44FA3B8B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Terry L Myers

Mailing Address 1010 Dogwood Dr

City

Raymore

State

MO

Zip Code

64083-9492

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2015

Transaction ID : AA3E3C58E07744CF98EE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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 136 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Nader Aghaali Nadershahi DDS

Mailing Address 50 Bret Harte Rd

City State Zip Code
San Rafael CA 94901-5264

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of the Pacific

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AA12061F117324BBC870

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Richard James Nagy

Mailing Address 4995 San Marcos Ct

City State Zip Code
Santa Barbara CA 93111-2763

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

11 / 06 / 2015

Transaction ID : A195DA247AC7547C6B03

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr M Sadegh Namazikhah

Mailing Address 661 Lachman Ln

City State Zip Code
Pacific Palisades CA 90272-2802

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

11 / 06 / 2015

Transaction ID : A03F43E155CE04162972

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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 137 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Matthew J Neary

Mailing Address 501 Madison Ave
 Fl 22

City State Zip Code
 New York NY 10022-5609

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

11 / 06 / 2015

Transaction ID : AEDB269251EEB4BA6AB7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matthew Neary

Mailing Address 99 Summit Rd

City State Zip Code
 Riverside CT 06878-2106

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

11 / 07 / 2015

Transaction ID : A5BC2AD18D0B14713BE4

Amount of Each Receipt this Period

1000.00

ERMK: Paul Gosar For Congress

Full Name (Last, First, Middle Initial)

C. Dr Wade I Newman

Mailing Address 1249 Sylvan Cir

City State Zip Code
 Bellefonte PA 16823-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bellefonte Family Dentistry

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : AFCD79990AD104D54BC9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 138 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Roger K Newman

Mailing Address PO Box 1455

City	State	Zip Code
Columbia Falls	MT	59912-1455

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
11			06			2015			

Transaction ID : A5E9A68F76B4042A4AE4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Joel Newton

Mailing Address 2014 Mountain View Cir

City	State	Zip Code
Twin Falls	ID	83301-4316

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
11			08			2015			

Transaction ID : AF53499613CE74893B91

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Dean P Nicholas

Mailing Address 510 E 22nd St

City	State	Zip Code
Lombard	IL	60148-6110

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
11			06			2015			

Transaction ID : A389C86823F8D4930A15

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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 139 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Ned Leonard Nix

Mailing Address 3323 Oxford Ln

City State Zip Code
 San Jose CA 95117-3040

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

11 / 06 / 2015

Transaction ID : ACF66A815E3144334ACF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Terry L Norris

Mailing Address 3213 Spring Ridge Pkwy

City State Zip Code
 Owensboro KY 42303-4492

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

11 / 05 / 2015

Transaction ID : AE44E22C344B44A7AA23

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Mistie E Norten

Mailing Address 651 W Terra Cotta Ave
 Ste 111

City State Zip Code
 Crystal Lake IL 60014-3401

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

11 / 06 / 2015

Transaction ID : A9B3672091D4C46B6947

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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

FOR LINE NUMBER: PAGE 140 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Merle A Nunemaker

Mailing Address 2504 SW Winteroak Cir
Ste 120

City State Zip Code
Lees Summit MO 64081-2578

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

11 / 06 / 2015

Transaction ID : A5D4558136BAB45498DA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Neil C Nunokawa

Mailing Address 603 Kiekie Way

City State Zip Code
Wailuku HI 96793-1524

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

11 / 05 / 2015

Transaction ID : A8FC94790461D4D24893

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Mark A Odom

Mailing Address 111 Birkhaven Dr

City State Zip Code
Cary NC 27518-8942

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

11 / 06 / 2015

Transaction ID : AFCF4CB9E11FA4DBFB07

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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

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

FOR LINE NUMBER: PAGE 141 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Brandon H O'Donnell

Mailing Address 29957 Dolive Rd
Apt 327

City Spanish Fort State AL Zip Code 36527-8517

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

11 / 06 / 2015

Transaction ID : A4D78405F661041E79DD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Cynthia Olenwine

Mailing Address 222 E Mountain Rd

City Wind Gap State PA Zip Code 18091-9728

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

11 / 07 / 2015

Transaction ID : AB9FDD561D36E42D2922

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Thomas J Olinger

Mailing Address 1136 Merritt Ln

City El Cajon State CA Zip Code 92020-7852

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

11 / 07 / 2015

Transaction ID : A3A10C625FEC048F59A1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

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

FOR LINE NUMBER: PAGE 142 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Kathleen T O'Loughlin

Mailing Address 211 E Chicago Ave

City State Zip Code
 Chicago IL 60611-2637

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Dental Association

Occupation
 Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AE10BE1A3BCE9483BB8A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Fred Olsen III

Mailing Address 7250 W Laurel Ln

City State Zip Code
 Peoria AZ 85345-8787

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

11 / 06 / 2015

Transaction ID : A0306CC2B1BB2425BB17

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr L Stephen Ortego

Mailing Address 3935 Monroe Hwy

City State Zip Code
 Ball LA 71405-3930

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

11 / 05 / 2015

Transaction ID : AD72DF7542111422A913

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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 143 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Larry W Osborne

Mailing Address 1353 E Mound Rd
Ste 101

City State Zip Code
Decatur IL 62526-3600

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

11 / 06 / 2015

Transaction ID : AA883378404D54778AC3

Amount of Each Receipt this Period

500.00

ERMK: Paul Gosar For Congress

Full Name (Last, First, Middle Initial)

B. Dr Richard J Osmanski

Mailing Address 6 Laurel Valley Ct

City State Zip Code
Lake In The Hills IL 60156-5939

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

11 / 05 / 2015

Transaction ID : A1D7C79E3CE044532991

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Jane A Otto

Mailing Address 9207 Ridge Rd

City State Zip Code
Dittmer MO 63023-1502

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

11 / 19 / 2015

Transaction ID : AD5A441F4E4864EF9BC1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 144 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David Owsiany

Mailing Address 1370 Dublin Rd

City	State	Zip Code
Columbus	OH	43215-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Dental AssociationOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2015

Transaction ID : AC6A5633AA68144A78DD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Gregory Michael Pafford

Mailing Address 2048 E Glenn Dr

City	State	Zip Code
Phoenix	AZ	85020-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : AA162AAD0047E448A89C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark PagetMailing Address 6737 W Washington St
Ste 2360

City	State	Zip Code
Milwaukee	WI	53214-5648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisconsin Dental AssociationOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : A555A30A49C33407481B

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 145 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Sammy B Pak

Mailing Address 409 2nd St NE

City Puyallup State WA Zip Code 98372-3033

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

11 / 06 / 2015

Transaction ID : A2F17C418B150436E9DD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr James C Paladino

Mailing Address 13525 NW 5th Ln

City Newberry State FL Zip Code 32669-2322

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

11 / 16 / 2015

Transaction ID : ADC9B23727332498CBA9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Frank J Palmaccio

Mailing Address 2 Bayard Dr

City Dix Hills State NY Zip Code 11746-8302

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

11 / 05 / 2015

Transaction ID : A4C0173C54B4C4A98AB9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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 146 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Jolene O Paramore

Mailing Address 2515 W 33rd St

City

Panama City

State

FL

Zip Code

32405-1950

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

11 / 05 / 2015

Transaction ID : A348A2926A1AF44A4AC8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Sharon Kay Parsons

Mailing Address 829 Euclaire Ave

City

Columbus

State

OH

Zip Code

43209-2415

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

11 / 06 / 2015

Transaction ID : AC7F6263817FE4377B76

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr William A Patchak

Mailing Address 2317 Smalley St

City

Jackson

State

MI

Zip Code

49203-3727

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

11 / 09 / 2015

Transaction ID : A6BD2882A6C33438EA00

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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 147 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Paul A Patella

Mailing Address 95 Whitson Rd

City

Briarcliff Manor

State

NY

Zip Code

10510-1336

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

11 / 05 / 2015

Transaction ID : A2B7C4EE5C6D54562B9A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr John H Paul

Mailing Address 2709 Cleveland Heights Blvd

City

Lakeland

State

FL

Zip Code

33803-4105

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

11 / 08 / 2015

Transaction ID : A9199805FF2F44D50A1C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas M Paumier

Mailing Address 7118 Fenwick Ave NE

City

Canton

State

OH

Zip Code

44721-3826

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

11 / 06 / 2015

Transaction ID : AD38659DF5F124483B88

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 148 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Brett S Pelok

Mailing Address 229 N Franklin St

City

Wauseon

State

OH

Zip Code

43567-1265

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A279CBEA61C1548149C2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr W Thomas Pelton

Mailing Address 1503 Madden Ct

City

Yuba City

State

CA

Zip Code

95993-5632

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A98188523576C4439895

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Richard Mark Peppard DDS

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : A1D4734F6F35A4CA9862

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

950.00

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 149 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Michael J Perpich

Mailing Address 6875 Betty Ln

City

Eden Prairie

State

MN

Zip Code

55344-7850

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2015

Transaction ID : AE46D103B5CC94BFB836

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Debra A Peters

Mailing Address 1533 Crystalline Dr SE

City

Caledonia

State

MI

Zip Code

49316-7987

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A23ADA8C267D64944971

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Lorin D Peterson

Mailing Address PO Box 567

City

Cle Elum

State

WA

Zip Code

98922-0567

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : A296F7E7433784DBD961

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 150 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Kenneth S Peters

Mailing Address 9202 Prairie View Dr

City

Highlands Ranch

State

CO

Zip Code

80126-4003

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

11 / 06 / 2015

Transaction ID : AE2C46AA3E2984D7BAD3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr William Allen Pfeifer

Mailing Address 12009 S Allerton Cir

City

Parker

State

CO

Zip Code

80138-8829

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

11 / 05 / 2015

Transaction ID : AAC6CECC597AF4D4FBF3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Hai T Pham

Mailing Address 13376 NW Jackson Quarry Rd

City

Hillsboro

State

OR

Zip Code

97124-8122

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

11 / 06 / 2015

Transaction ID : AE9D645EC278B40579F2

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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 151 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Gregory E Phillips

Mailing Address 4640 Harrison Ridge Rd

City
Columbus

State
IN

Zip Code
47201-9753

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

11 / 06 / 2015

Transaction ID : A0A3164CFC7B44B9B988

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr James Tolliver Phillips Jr

Mailing Address 641 Cromer Rd

City
Tifton

State
GA

Zip Code
31793-5322

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

11 / 05 / 2015

Transaction ID : ADDA51092161045238E9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Stephen Monroe Pitmon

Mailing Address 31 Maple Leaf Farm Rd

City
Underhill

State
VT

Zip Code
05489-9361

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

11 / 07 / 2015

Transaction ID : AA4A2C27A09954BA8ADA

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 152 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Charles F Poeschl

Mailing Address 1329 Whispering Pines Dr
Apt C

City State Zip Code
Saint Louis MO 63146-4595

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

11 / 19 / 2015

Transaction ID : A2ED95AB8D4564194904

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kenneth Pomerantz

Mailing Address 1344

City State Zip Code
Union NJ 07083

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

11 / 08 / 2015

Transaction ID : A005558ABA3A049AF90E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eugene G Porcelli

Mailing Address 837 Townline Rd
211

City State Zip Code
Hauppauge NY 11788-2810

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

11 / 05 / 2015

Transaction ID : AA595EE4F91DC423DAD9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 153 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Jill M Price

Mailing Address 3630 NW Thurman St

City

Portland

State

OR

Zip Code

97210-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A2D21E0BBBD5C4CB1937

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Terry A Propper

Mailing Address 911 Huntington Cir

City

Nashville

State

TN

Zip Code

37215-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AAA7BF6B9071B4EFB881

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Henry F Pruett Jr

Mailing Address 9611 Yarrow Cir

City

Pensacola

State

FL

Zip Code

32514-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A01CFCCDA63CA427B9EA

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 154 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Nicole M Quezada

Mailing Address 205 East Ave

City

Wellsboro

State

PA

Zip Code

16901

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A7D7A384CAFF6402FA67

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Val L RadmallMailing Address 5300 S 500 E
Ste 10

City

Ogden

State

UT

Zip Code

84405-6955

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A2FDD7053A2F04ACCB E1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Louvenia Annette Rainge

Mailing Address 1830 Champions Cir

City

Evans

State

GA

Zip Code

30809-6728

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : ABBE40648242340F4998

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 155 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Janaki Ramanathan

Mailing Address 5255 N Salida Del Sol Dr

City State Zip Code
Tucson AZ 85718-5411

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

11 / 06 / 2015

Transaction ID : A907EE1EAD3464A09938

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Vincent U Rapini Jr

Mailing Address 4719 Rutledge Way Dr

City State Zip Code
Saint Louis MO 63129-1692

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

11 / 02 / 2015

Transaction ID : A4E3EA4471ED74ECB8EF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Craig S Ratner

Mailing Address 7 Morgan Way

City State Zip Code
Scotch Plains NJ 07076-2953

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

11 / 05 / 2015

Transaction ID : AD0A914B3F3C8481793C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 156 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Herbert L Ray

Mailing Address 5616 Shearsburg Rd

City

Leechburg

State

PA

Zip Code

15656-8496

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 11 / 2015

Transaction ID : A89F9F9E16E7F4029AAE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Robin S Reich

Mailing Address 1311 Marietta Country Club Dr NW

City

Kennesaw

State

GA

Zip Code

30152-4729

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A66FE2239D93D4A22AFA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Jeffrey H Rempell

Mailing Address 41 E Cheryl Rd

City

Pine Brook

State

NJ

Zip Code

07058-9428

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AF9D7814EE04D4E5B88F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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 157 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr. Reneida Reyes

Mailing Address 104 Park Pl

City

Brooklyn

State

NY

Zip Code

11217-3303

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

11 / 07 / 2015

Transaction ID : A1A4ADA76B3BC4D619B5

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr Elizabeth C Reynolds

Mailing Address 10410 Ridgefield Pkwy

City

Richmond

State

VA

Zip Code

23233-3500

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

11 / 06 / 2015

Transaction ID : ABF362A39D417457D9F8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr M Elwood Rice

Mailing Address 11340 Audrain Rd #9907

City

Mexico

State

MO

Zip Code

65265

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

11 / 19 / 2015

Transaction ID : A2A7F2A8565B84AF6B91

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 158 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Scott A Roberson

Mailing Address 5114 S Conway Ct

City	State	Zip Code
Independence	MO	64055-6949

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
11			19			2015			

Transaction ID : A0552DB3BF2664E129A7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kirk James Robertson

Mailing Address 1110 W Beal Rd

City	State	Zip Code
Flagstaff	AZ	86001-1281

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
11			06			2015			

Transaction ID : A2B57AC7100004EA2A6E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Jessica L Robertson

Mailing Address 1110 W Beal Rd

City	State	Zip Code
Flagstaff	AZ	86001-1281

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
11			06			2015			

Transaction ID : A9305500A96AC4CF7B04

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 159 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr John R Roberts

Mailing Address 3574 W County Road 200 N

City

Connersville

State

IN

Zip Code

47331-9774

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A7117A5CD62054D3D830

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Julie Spettel Roberts

Mailing Address 107 W Main St

City

Norwalk

State

OH

Zip Code

44857-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A443120E63C4841B0A36

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Lindsey Anne Robinson

Mailing Address 453 S Auburn St

City

Grass Valley

State

CA

Zip Code

95945-7224

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : A37968B0BF4A24AAAAB0

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Theodore J Rockwell

Mailing Address 2 W Crescent Park

City

Warren

State

PA

Zip Code

16365-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

Transaction ID : AD0FC3C25F5034740933

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Robert Stephen RodaMailing Address 7054 E Cochise Rd
Ste B115

City

Paradise Valley

State

AZ

Zip Code

85253-1471

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A0830F699AB154AC2BD0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Julio H Rodriguez

Mailing Address 702 23rd St

City

Brodhead

State

WI

Zip Code

53520-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A4EF495895D754FD5BB7

Amount of Each Receipt this Period

750.00

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 161 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Christy K Rollofson

Mailing Address 3889 Exmoor Cir

City

Sacramento

State

CA

Zip Code

95864-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A2D074874D99C4905AF3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Donald P Rollofson DMD

Mailing Address 2337 Dodge Ln

City

Carmichael

State

CA

Zip Code

95608-5208

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2015

Transaction ID : AF0BC806BAA534895A1D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Diane D Romaine DMD

Mailing Address 19213 National Hwy NW

City

Frostburg

State

MD

Zip Code

21532-3130

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AD7ACC59A287041E2863

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 162 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Nancy R Rosenthal

Mailing Address 3773 Albidale Dr

City

Huntingdon Valley

State

PA

Zip Code

19006-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			07			2015					

Transaction ID : AACFE7DD58E73487F8FD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Louis Elliott Rossman

Mailing Address 334 Llandrillo Rd

City

Bala Cynwyd

State

PA

Zip Code

19004-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			06			2015					

Transaction ID : AFD6EE57DE2D34471BE8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Kelly Ann Roth

Mailing Address 7077 Pebblestone Ave NW

City

North Canton

State

OH

Zip Code

44720-6679

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			16			2015					

Transaction ID : A0AC1BF497A9342A7870

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 163 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Bruce Roth

Mailing Address 7077 Pebblestone Avenue NW

City State Zip Code
North Canton OH 44720-6679

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

11 / 16 / 2015

Transaction ID : AB0F5AA7F75C44EECA96

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Julie Ann Routhier

Mailing Address 108 Carolines Retreat

City State Zip Code
Savannah GA 31406-3136

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

11 / 06 / 2015

Transaction ID : AD3618B3B0E5F4FC3B4D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Martin J Rutt

Mailing Address 108 Cook Rd

City State Zip Code
Prospect CT 06712-1806

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

11 / 02 / 2015

Transaction ID : A717895C3D5C14B5A9CE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 164 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr George R Ruwwe Jr

Mailing Address 6 River Ridge Ter

City

Saint Joseph

State

MO

Zip Code

64507-7761

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 19 / 2015

Transaction ID : ABC2ADA8B0E2E49C6899

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Steven A Saxe

Mailing Address 8940 Brook Bay Ct

City

Las Vegas

State

NV

Zip Code

89134-6173

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A6533934620B64E748DA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Lynn Sayre-Carstairs

Mailing Address 453 Puesta Del Sol

City

Arroyo Grande

State

CA

Zip Code

93420-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2015

Transaction ID : A31A955BA23D44A6CAB3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Arthur Roddy Scarbrough

Mailing Address PO Box 547

City

Richton

State

MS

Zip Code

39476-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : AFF449D04C42B4E0686E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Terry G Schechner

Mailing Address 85 Tanglewood Trl

City

Valparaiso

State

IN

Zip Code

46385-8942

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A44069E63A9FC48F5BFF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Mark Andrew Schlothauer

Mailing Address 1270 Sage St

City

Gering

State

NE

Zip Code

69341-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : AF00DC3A379114409A2B

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 166 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Travis Alan Schmitt

Mailing Address 301 22nd St NW

City State Zip Code
Austin MN 55912-1144

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

11 / 09 / 2015

Transaction ID : AC24E0A1D2D6A4AAE9EC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Jeane L Schoemaker

Mailing Address 15555 County Road 18.5

City State Zip Code
Fort Morgan CO 80701-8407

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

11 / 05 / 2015

Transaction ID : A50AF9C6A11704878BBF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Steven Ronald Schoolman

Mailing Address 571 Super Bowl

City State Zip Code
Jackson MO 63755-8682

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

11 / 19 / 2015

Transaction ID : AE28F89566621405485D

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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 167 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Thomas J Schripsema

Mailing Address

City State Zip Code
 Albuquerque NM 87111

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
 11 / 06 / 2015

Transaction ID : ABCEF2097964D4D7F8FE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Joseph P Sciarra

Mailing Address 11467 Fernside Ln
 Unit 121

City State Zip Code
 Porter Ranch CA 91326-4197

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
 11 / 08 / 2015

Transaction ID : A04F2360D97DC433EB38

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Janice Gale Scott

Mailing Address 2648 St Helena Ct

City State Zip Code
 Livermore CA 94550-7332

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
 11 / 08 / 2015

Transaction ID : A2DBCA6ED99F7425E9D7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 168 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Darrel Lynn Scott

Mailing Address 633 N Union St

City

Loudonville

State

OH

Zip Code

44842-1074

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A384A8972A9954D7C9F6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Donald L Seago

Mailing Address 2133 Brackenshire Cir

City

Jackson

State

MS

Zip Code

39211-5837

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A48EB4872628E4BBAA10

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Samuel E Selcher

Mailing Address 720 Spring Garden Dr

City

Middletown

State

PA

Zip Code

17057-3034

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : A664608EA39DA4B83BA1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 169 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Charlotte L Senseny

Mailing Address 5031 Sharynne Ln

City

Torrance

State

CA

Zip Code

90505-3313

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : A2EEDF29BA7A84447B19

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin D Sessa

Mailing Address 682 W Hickory St

City

Louisville

State

CO

Zip Code

80027-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A931F58C26B624ABBBB8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Bryan Joseph ShanahanMailing Address 750 N Kendrick St
Ste 100

City

Flagstaff

State

AZ

Zip Code

86001-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A5B20D5C1B877495CBE3

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 170 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Michael G Shane

Mailing Address 8125 State Highway 789

City

State

Zip Code

Lander

WY

82520-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : AA126A90712CA4744AA6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Elizabeth A Shapiro

Mailing Address PO Box 240

City

State

Zip Code

Waterman

IL

60556-0240

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A21EE3E1283514829BEC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Robert A Shekitka

Mailing Address 1141 Oval Rd

City

State

Zip Code

Manasquan

NJ

08736-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : A0F6DDB3AA82349429DB

Amount of Each Receipt this Period

1000.00

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

3000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr George R Shepley

Mailing Address 6 Stevensgate Ct

City
BaltimoreState
MDZip Code
21212-1212FEC 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
11			06			2015			

Transaction ID : A5A2C5215D7F9425AB9E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Curt S ShimizuMailing Address 108 S Kuakini St
Apt 1City
HonoluluState
HIZip Code
96813-1637FEC 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
11			06			2015			

Transaction ID : A81A733B8389D42438F6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr David M Shipper

Mailing Address 27 W 86th St

City
New YorkState
NYZip Code
10024-3615FEC 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
11			08			2015			

Transaction ID : A561B579D3FB54695B25

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 172 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Michael S Shreck

Mailing Address 306 Harbor Dr

City State Zip Code
 Lido Beach NY 11561-4907

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

11 / 05 / 2015

Transaction ID : A70C2F26E1F524B9E8C5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Brian Silverman

Mailing Address 501 Springfield Ave

City State Zip Code
 Cranford NJ 07016-1864

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

11 / 06 / 2015

Transaction ID : AD37A2157DED24758A1E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Mario A Silvestri DDS

Mailing Address 501 Plaza Dr

City State Zip Code
 Vestal NY 13850-3769

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 ▼

375.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A8018518123C447969E4

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

1125.00

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 173 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Larisse R Skene

Mailing Address 315 E Hillside Dr

City State Zip Code
Salt Lake City UT 84107-6008

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

11 / 06 / 2015

Transaction ID : A266F3C7AAE6A4005B33

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr AJ Smith

Mailing Address 1059 S Military Dr

City State Zip Code
Salt Lake City UT 84105-1747

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

11 / 06 / 2015

Transaction ID : A8CCC1E9E7DD34C68AAC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr James A Smith

Mailing Address 8773 NW Marshall St

City State Zip Code
Portland OR 97229-5317

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

11 / 06 / 2015

Transaction ID : A12BBE7B11FDB45E3BFD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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

FOR LINE NUMBER: PAGE 174 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Maria A Smith

Mailing Address 71 Herrmann Ln

City State Zip Code
 Easton CT 06612-1049

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

11 / 06 / 2015

Transaction ID : A574F4E306A554189A9C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Lindsay Smith

Mailing Address 2913 S Quaker Ave

City State Zip Code
 Tulsa OK 74114-5309

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

11 / 06 / 2015

Transaction ID : A857791D227F0410FB43

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Randolph A Snyder

Mailing Address 4872 W 31st Pl

City State Zip Code
 Yuma AZ 85364-7416

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

11 / 16 / 2015

Transaction ID : AE9C126EC230B4BBC900

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 175 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Steven Ira Snyder

Mailing Address 41 Elderwood Dr

City

Saint James

State

NY

Zip Code

11780-3438

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

11 / 05 / 2015

Transaction ID : AAF6F8D1AA2D74A1F83D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Berry Stahl

Mailing Address 380 Broad Ave

City

Englewood

State

NJ

Zip Code

07631-4397

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

11 / 08 / 2015

Transaction ID : A84AA31874B82437A8AA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Dennis Edward Stansbury

Mailing Address 8310 Crooked Trl

City

Tyler

State

TX

Zip Code

75703-5359

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

11 / 05 / 2015

Transaction ID : AA4D770B5B3FD4600B53

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 176 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Alan R Stein

Mailing Address 20011 Lanark St

City

Winnetka

State

CA

Zip Code

91306-1924

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : AC2119E728FBD49B0973

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr James D Stephens

Mailing Address 205 Live Oak Ln

City

Los Altos

State

CA

Zip Code

94022-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A47B6DD541A864616B14

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard D. Stevens

Mailing Address West Virginia Dental Association

2016 1/2 Kanawha Blvd

City

Charleston

State

WV

Zip Code

25311-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

Transaction ID : A8BFA3BF730884FB7A77

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 177 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Richard A Stevenson

Mailing Address 14409 Mandarin Rd

City

Jacksonville

State

FL

Zip Code

32223-2543

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

11 / 07 / 2015

Transaction ID : AB035AE11EA5F42C9AEA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffery C B Stewart

Mailing Address 1810 SW Pendleton St

City

Portland

State

OR

Zip Code

97239-2050

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

11 / 05 / 2015

Transaction ID : ACAC09CC657BE43B9888

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Katie C Stewart

Mailing Address 4724 Amberglow Dr

City

Bismarck

State

ND

Zip Code

58503-8846

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

11 / 07 / 2015

Transaction ID : A7990447F3C8A4EA1B28

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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 178 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Debra G Stewart

Mailing Address 5711 Sanford Rd

City

Houston

State

TX

Zip Code

77096-6036

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : A5C3C9EC20772478DA79

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey A Stolarz DDS

Mailing Address 1018 N Honore St
Unit A

City

Chicago

State

IL

Zip Code

60622-3717

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2015

Transaction ID : ACCF1954F2D2D46AC93C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Zack D Studstill

Mailing Address 501 Arrowhead Dr

City

Montgomery

State

AL

Zip Code

36117-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A1F4609B190824871B35

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 179 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Linda Swanstrom

Mailing Address 1220 W Hays St

City

Boise

State

ID

Zip Code

83702-5315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idaho Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A6E2FF44292F64917931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Martin R Szakaly

Mailing Address 20806 Gentle Run Dr

City

South Bend

State

IN

Zip Code

46614-5183

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A9FCD20B98CFF40559E3

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dr Scott Owen SzotkoMailing Address 7675 Dagget St
Ste 160

City

San Diego

State

CA

Zip Code

92111-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2015			

Transaction ID : A7EDDAB5514004CDE800

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

875.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 180 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Robert Harry Talley CAE

Mailing Address 2364 Wood Village Dr

City

Henderson

State

NV

Zip Code

89044-4490

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A241143CD1C754CCBA00

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Bruce Tandy

Mailing Address 174 Rosemary Ln

City

South Windsor

State

CT

Zip Code

06074-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A76C575FC450C4CECAA8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Ronald L. Tankersley

Mailing Address 1404 Riversedge Rd

City

Newport News

State

VA

Zip Code

23606-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : AEC9F8521AE9945DC811

Amount of Each Receipt this Period

1000.00

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 181 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr James A H Tauberg

Mailing Address 214 Springhouse Ln

City

Pittsburgh

State

PA

Zip Code

15238-2510

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A25B29F78098A4A9D9A9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Patrick Eric Taylor

Mailing Address 10834 NE 64th St

City

Kirkland

State

WA

Zip Code

98033-7232

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2015

Transaction ID : A6DFE73D481714A2D80E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Barry J Taylor

Mailing Address 5215 SW Shattuck Rd

City

Portland

State

OR

Zip Code

97221-1861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed dentist

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A279BDA2C92F749EF87E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER: PAGE 182 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Howard W Taylor

Mailing Address 2985 Valley View Ln

City State Zip Code
 New Brighton MN 55112-4460

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

11 / 16 / 2015

Transaction ID : A4197B243C20D4BC4906

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Dean F Telthorst

Mailing Address 6331 Pershing Ave

City State Zip Code
 Saint Louis MO 63130-4704

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

11 / 19 / 2015

Transaction ID : A68255209599A4F1181E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Beatriz E. Terry

Mailing Address 1037 S Alhambra Cir

City State Zip Code
 Coral Gables FL 33146-3701

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

11 / 03 / 2015

Transaction ID : A99A57A9729694975B65

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 183 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Darrell T Teruya

Mailing Address 2615 S King St
Ste 201

City State Zip Code
Honolulu HI 96826-3276

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

11 / 05 / 2015

Transaction ID : AD51A7174DD824A729ED

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Nipa R Thakkar

Mailing Address 75 East Ave

City State Zip Code
Wellsboro PA 16901-1715

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 ▼

321.43

Date of Receipt

11 / 07 / 2015

Transaction ID : A45BA1ECA5DCA4109905

Amount of Each Receipt this Period

71.43

Full Name (Last, First, Middle Initial)

c. Dr Suzanne Thiems-Heflin

Mailing Address 2101 NW 77th St

City State Zip Code
Gainesville FL 32605-3167

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

11 / 17 / 2015

Transaction ID : AEA4DD3E51AB247A9905

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

821.43

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 184 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr J Mark Thomas

Mailing Address 482 S County Road 300 E

City

Brownstown

State

IN

Zip Code

47220-9704

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

11 / 06 / 2015

Transaction ID : A9BB868ABE7C849E4AAE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William Roy Thompson

Mailing Address 2102 Windsor St

City

Murfreesboro

State

TN

Zip Code

37130-1721

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

11 / 06 / 2015

Transaction ID : A529F35C9ADBD4AE2B62

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Geffrey W Thompson

Mailing Address 8211 W Cougar Gulch Rd

City

Coeur D Alene

State

ID

Zip Code

83814-8983

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

11 / 06 / 2015

Transaction ID : A694C13CD775E434AB6A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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

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

FOR LINE NUMBER: PAGE 185 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Brett S Thomsen

Mailing Address 13737 Boyd St

City State Zip Code
 Omaha NE 68164-6009

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

11 / 09 / 2015

Transaction ID : A52CBA53E9A1449DA969

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Steven E Timm

Mailing Address 20155 Archie Briggs Rd

City State Zip Code
 Bend OR 97703-8226

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

11 / 06 / 2015

Transaction ID : A9558378D18954B449DA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Judee Tippet-Whyte

Mailing Address 2489 Stony Creek Cir

City State Zip Code
 Acampo CA 95220-9564

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

11 / 07 / 2015

Transaction ID : A5C9FE2B9F667481EB98

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 186 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Heyo H Tjarks

Mailing Address 11371 N Cascade Rd

City

Dubuque

State

IA

Zip Code

52003-0276

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A127DE296C48145FE808

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Douglas Bruce Torbush

Mailing Address 5360 Kanawha Ct

City

Stone Mountain

State

GA

Zip Code

30087-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : AAB48A3678A194C26A43

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mrs. Bootsey TorchiaMailing Address 6565 S Yale Ave
Ste 510

City

Tulsa

State

OK

Zip Code

74136-8306

FEC ID number of contributing
federal political committee.

C

Name of Employer

James Torchia, DDS, Inc.

Occupation

Office Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

Transaction ID : A16138107570D423A96A

Amount of Each Receipt this Period

250.00

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

875.00

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

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

FOR LINE NUMBER: PAGE 187 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr James S Torchia

Mailing Address 8736 S Florence Ave

City State Zip Code
Tulsa OK 74137-2543

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

11 / 16 / 2015

Transaction ID : A7841207EA9EB4F7880D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher M Tota

Mailing Address 92 Krystal Dr

City State Zip Code
Somers NY 10589-3036

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

11 / 05 / 2015

Transaction ID : A7B7F2E71525A4B17971

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Bruce G Toy

Mailing Address 3738 Wood Duck Cir

City State Zip Code
Stockton CA 95207-5232

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

11 / 07 / 2015

Transaction ID : A113B2B8FA0964516843

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 188 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Linda G Trotter

Mailing Address 4247 Stacey Rd E

City

Jacksonville Beach

State

FL

Zip Code

32250-2100

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
11			08			2015			

Transaction ID : A5549745C2CED4F57A87

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Beth Ann TroyMailing Address 102 Tiffany Ridge Dr
Apt 14

City

Coraopolis

State

PA

Zip Code

15108-1346

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
11			20			2015			

Transaction ID : AA4284614362D4407B87

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Perry K Tuneberg

Mailing Address 3761 Fox Pointe

City

Rockford

State

IL

Zip Code

61114-7072

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
11			06			2015			

Transaction ID : AF61D8F4A1CFC44998AB

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 189 OF 238
(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

Full Name (Last, First, Middle Initial)

A. Dr Thomas S Underwood

Mailing Address 9003 W Cambridge Ct

City

Brentwood

State

TN

Zip Code

37027-8506

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : AFA5AFB09D865407FB8A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Najia Usman

Mailing Address 33492 Hanover Woods Trl
Ste 300

City

Solon

State

OH

Zip Code

44139-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2015

Transaction ID : A102894112888456BBFF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Kent L Vandelaar

Mailing Address 1737 Brickyard Ln

City

Chippewa Falls

State

WI

Zip Code

54729-2294

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A8EF2E40132E34B1BA51

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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 190 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Michael R Varley

Mailing Address 2845 Spring Hill Peak

City

Highlands Ranch

State

CO

Zip Code

80129-4334

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AD9A62FAE24E44D3DA11

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Frank A Vigliotti

Mailing Address 371 Plutarch Rd
Ste 201

City

Highland

State

NY

Zip Code

12528-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : AE8F4ED1C6F45401DB16

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert M Villwock

Mailing Address 341 Wagon Wheel Ct

City

Green Bay

State

WI

Zip Code

54302-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 12 / 2015

Transaction ID : AF5FF3F84657C492A894

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 191 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Merlyn W Vogt

Mailing Address 6001 Fieldcrest Way

City
LincolnState
NEZip Code
68512-1858FEC 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
11			16			2015			

Transaction ID : A2BDC76EEF0F94F1FB77

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Andrew G Vorrasi

Mailing Address 155 Georgian Court Rd

City

Rochester

State

NY

Zip Code

14610-3416

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
11			05			2015			

Transaction ID : AC3947B7485524FCE855

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Kenneth G Wallis

Mailing Address 12057 Country Squire Ln

City

Saratoga

State

CA

Zip Code

95070-3443

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
11			06			2015			

Transaction ID : A4182DC9EA19340B480D

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 192 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Douglas P Walsh

Mailing Address 4853 Beach Dr SW

City
Seattle

State
WA

Zip Code
98116-4342

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

11 / 08 / 2015

Transaction ID : A8CBEA2A05BFF4A21A37

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Robert Lewis Wanker

Mailing Address 9 Wayside Ln

City
Bridgeport

State
WV

Zip Code
26330-1153

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

11 / 08 / 2015

Transaction ID : A18137D76E6CA448FAAE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Stephanie B Weaver

Mailing Address 923 Kirby St

City
Lake Charles

State
LA

Zip Code
70601-5439

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 ▼

375.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A06E83E5F19124F8193A

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1125.00

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 193 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Walter G Weber

Mailing Address 17323 Grosvenor Ct

City

Monte Sereno

State

CA

Zip Code

95030-2207

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

11 / 08 / 2015

Transaction ID : AD26A5EADF93D4C77A0A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark J Weinberger

Mailing Address 78 Southbury Rd

City

Clifton Park

State

NY

Zip Code

12065-7709

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

11 / 05 / 2015

Transaction ID : A8F20803E6A0344108D9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Richard A Weinman

Mailing Address 175 Inland Ridge Way

City

Atlanta

State

GA

Zip Code

30342-2068

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

11 / 05 / 2015

Transaction ID : ADB0CCC49A18D49E1A51

Amount of Each Receipt this Period

1000.00

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

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

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 194 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Deborah Weisfuse

Mailing Address 45 E End Ave

City
New YorkState
NYZip Code
10028-7953FEC 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

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : A5DB39B50038749B5AD3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jay Ralph Wells III

Mailing Address 2510 Applegate Ave

City
Bethel ParkState
PAZip Code
15102-2702FEC 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
11			07			2015			

Transaction ID : A5180091C3E894F919E6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Linda K Westmoreland

Mailing Address PO Box 1255

City
RollaState
MOZip Code
65402-1255FEC 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
11			19			2015			

Transaction ID : A6D4BC67231134A709F6

Amount of Each Receipt this Period

250.00

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 195 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Frederick W Wetzel

Mailing Address 1148 Rosehill Blvd

City

Niskayuna

State

NY

Zip Code

12309-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A9980ECC1D60347CAA25

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Connie L White DDS

Mailing Address 4104 W 124th St

City

Leawood

State

KS

Zip Code

66209-2249

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : A1C99395DD4224ABE87C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr David M White

Mailing Address 11245 Torino Way

City

Reno

State

NV

Zip Code

89521-4238

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A8FB7A0C7CABE44EA99C

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 196 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Gary B Wiest

Mailing Address 168 W 800 N

City

Provo

State

UT

Zip Code

84601-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A17BBAA9AF09947DD9F5

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr Scott Wieting

Mailing Address 65 Beech Ave

City

York

State

NE

Zip Code

68467-4531

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : A8D959A22DF4C485FB20

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Bradley A Wilbur

Mailing Address 525 Bighorn Ridge Ave

City

Henderson

State

NV

Zip Code

89012-7243

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : A7551E4EFA58E4FB6B50

Amount of Each Receipt this Period

1000.00

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

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 197 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steve E Wilhite DDS

Mailing Address 2142B Mauna PI

Apt B

City

Honolulu

State

HI

Zip Code

96822-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : AC74E757DFDEF4F0391D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Ronald D Wilkerson

Mailing Address PO Box 389

City

Rolla

State

MO

Zip Code

65402-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

Transaction ID : A0F9055657C3F4BEF8C5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr James L Willey

Mailing Address 711 N 3rd St

City

Elburn

State

IL

Zip Code

60119-8968

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

Transaction ID : A7E38E6186C5E42DD8BA

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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

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

FOR LINE NUMBER: PAGE 198 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Dr Laura Williams

Mailing Address 2012 Center Court Dr

City State Zip Code
 Wenatchee WA 98801-7305

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

11 / 06 / 2015

Transaction ID : AB6AA53E8C3124410A83

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Erika L Williams

Mailing Address 9 Foxhill Ln

City State Zip Code
 Wilmington DE 19807-2412

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

11 / 08 / 2015

Transaction ID : AEA1FA88B94254A60812

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Heather A Willis

Mailing Address 665 Knightsbridge Rd

City State Zip Code
 Fairbanks AK 99709-2467

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

11 / 06 / 2015

Transaction ID : AFF15145433C44C7E92E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 199 OF 238

☒ 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

Full Name (Last, First, Middle Initial)

A. Dr Robert J Wilson Jr

Mailing Address 24217 Muscari Ct

City

Gaithersburg

State

MD

Zip Code

20882-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : A3EC03137A37F479EBD5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Brett M Wilson

Mailing Address 2616 W Summit

City

Joplin

State

MO

Zip Code

64804-8006

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 19 / 2015

Transaction ID : A2234A126C3BC4227B26

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mrs. Marilyn Woerner

Mailing Address 13135 Weatherfield Dr

City

Saint Louis

State

MO

Zip Code

63146-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2015

Transaction ID : A5141AE26A7ED40F4A9E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 200 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr James Franklin Wolcott IVMailing Address 539 Harkle Rd
Ste C

City	State	Zip Code
Santa Fe	NM	87505-4783

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
11	/	06	/	2015

Transaction ID : A9E5AB44D14054CF4A4A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Carol M. WolffMailing Address 1646 N Pelham Rd NE
Ste 200

City	State	Zip Code
Atlanta	GA	30324-5263

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
11	/	06	/	2015

Transaction ID : AFECCE83D8E424FB8837

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Mary Ellen WynnMailing Address 3650 Muddy Creek Rd
Ste 200

City	State	Zip Code
Cincinnati	OH	45238-2058

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
11	/	05	/	2015

Transaction ID : A120E8E25C56E4AD39B7

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 201 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Craig Steven Yarborough

Mailing Address 373 Los Cerros Dr

City	State	Zip Code
Greenbrae	CA	94904-1122

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
11	/	08	/	2015

Transaction ID : AEF0D3FECFD394CF28D4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Gary S Yonemoto

Mailing Address 4210 Sierra Dr

City	State	Zip Code
Honolulu	HI	96816-3357

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
11	/	06	/	2015

Transaction ID : A52A1CB7FFD5F44E7BFE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mrs. Toyie YonemotoMailing Address 1100 Ward Ave
Ste 1015

City	State	Zip Code
Honolulu	HI	96814-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hawaii Dept of Education

Occupation

teacher

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
11	/	06	/	2015

Transaction ID : A91C220DC0A3E4868B85

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 202 OF 238

<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

Full Name (Last, First, Middle Initial)

A. Dr Joni D Young

Mailing Address 7852 Pudding Creek Dr SE

City
SalemState
ORZip Code
97317-8908FEC 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
11	/	06	/	2015

Transaction ID : AEF7744BF6EB04C53B90

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Dennis A Zabelsky

Mailing Address 3731 Sunset Dr

City

Munhall

State

PA

Zip Code

15120-3039

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
11	/	07	/	2015

Transaction ID : A2BBB772DACA4406EAE9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr Glenn A Zeh

Mailing Address 274 W Center St

City

Kaysville

State

UT

Zip Code

84037-1845

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 ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A88C2FC75CBCC41E7AAA

Amount of Each Receipt this Period

375.00

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

1625.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 203 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George R Zehak

Mailing Address 403 Ascot Ln

City

Oak Brook

State

IL

Zip Code

60523-2551

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
11	/	06	/	2015

Transaction ID : A5CBC70E56AF643A6A28

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Dennis J Zent

Mailing Address 3030 N Bay View Rd

City

Angola

State

IN

Zip Code

46703-9014

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
11	/	08	/	2015

Transaction ID : AB4F7166A2E6E4D6E9A7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mrs. Wendy Zent

Mailing Address 3030 N Bay View Rd

City

Angola

State

IN

Zip Code

46703-9014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Endodontic Associates, Inc.

Occupation

Office Manager

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
11	/	08	/	2015

Transaction ID : A82DF82C7C4D7405DA27

Amount of Each Receipt this Period

250.00

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 204 OF 238
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Howard M Zolot

Mailing Address 1538 Turnpike St

City

North Andover

State

MA

Zip Code

01845-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

Transaction ID : AAC5AB4B80717492C95D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Stephen J Zuknick

Mailing Address 5122 Whispering Leaf Trl

City

Valrico

State

FL

Zip Code

33596-7945

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : A7461FD1CE544457897D

Amount of Each Receipt this Period

500.00

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

302288.10

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

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

FOR LINE NUMBER: PAGE 205 OF 238
(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

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 ▼

27823.86

Date of Receipt

11 / **25** / **2015**

Transaction ID : A4C0CEB2694AF452C807

Amount of Each Receipt this Period

676.15

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

/ /

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

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

676.15

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

676.15

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

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

FOR LINE NUMBER: PAGE 206 OF 238

(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

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave NW

City State Zip Code
Washington DC 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 ▼

292.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : AE4B043BBF8314F88A83

Amount of Each Receipt this Period

1.01

test transaction

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)..... ►

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

1.01

1.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 207 OF 238
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave NW

City
WashingtonState
DCZip Code
20005-3754FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : AB4B306ED239C4F28998

Amount of Each Receipt this Period

26.47

bank interest

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

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

Amount of Each Receipt this Period

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

26.47

26.47

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

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

FOR LINE NUMBER: PAGE 208 OF 238

(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

Full Name (Last, First, Middle Initial)

A. EDWARD TROY HOLLIDAY

Mailing Address 901 GARFIELD ST.

City
Tupelo

State
MS

Zip Code
38801-5737

FEC ID number of contributing
federal political committee.

C C00574442

Name of Employer

Occupation

Receipt For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼
Other2015

Aggregate Year-to-Date ▼

3185.25

Date of Receipt

11 / **16** / **2015**

Transaction ID : A9A2F168A38594D7CAC9

Amount of Each Receipt this Period

3185.25

refund of campaign contribution

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

3185.25

3185.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 209 OF 238

<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	State	Zip Code
Washington	DC	20005-3754

Purpose of Disbursement
credit card fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : BA2FBA1A419C04AFCBF5

Amount of Each Disbursement this Period

80.83

Full Name (Last, First, Middle Initial)

B. Citibank 1

Mailing Address 1500 Vermont Ave NW

City	State	Zip Code
Washington	DC	20005-3754

Purpose of Disbursement
service charges/credit card fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B9ABE238B100B4EC38C4

Amount of Each Disbursement this Period

13633.34

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D 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).....▶

13714.17

13714.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 210 OF 238

<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. Adrian Smith for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address 3321 Avenue 1
Ste 6City State Zip Code
Scottsbluff NE 69361Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Adrian M. SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 03

Transaction ID : BD4405B45D9234F069DE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Alan Lowenthal For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Mailing Address 16633 Ventura Blvd.

City State Zip Code
Encino CA 91436-1801Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Alan S. LowenthalOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 47

Transaction ID : B1997B065910C442B8A5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andy Harris For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address PO Box 604

City State Zip Code
Bel Air MD 21014Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Andy P. HarrisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Transaction ID : BB0DE22C857384D7898F

Amount of Each Disbursement this Period

2000.00

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

5500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 211 OF 238

<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. Ann Wagner For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address PO Box 50

City	State	Zip Code
Ballwin	MO	63022

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Ann L. WagnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 02

Category/
Type**Transaction ID : BD1B579E5954F4F5590F**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. ARKPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Mailing Address PO BOX 1672

City	State	Zip Code
Lowell	AR	72745-1672

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Other2015

State: District:

Category/
Type**Transaction ID : BC22F1DB06C0D4C22BF7**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address 400 N Capitol Street., NW
Ste 585

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Other2015

State: District:

Category/
Type**Transaction ID : B0A0A35D753484FD787A**

Amount of Each Disbursement this Period

2500.00

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

8000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 212 OF 238

<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. Boozman For Arkansas

Mailing Address PO Box 671

City	State	Zip Code
Rogers	AR	72757

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. John N. BoozmanOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : BFD0FE685A0894106AE1

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Brian Higgins For Congress

Mailing Address P.O. Box 28

City	State	Zip Code
Buffalo	NY	14220

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Brian M. HigginsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B5E3D68054B184D198E9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Building Renewal In America Now PAC

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : BD2DE03BD47CC4D2FA21

Amount of Each Disbursement this Period

5000.00

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

10000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 213 OF 238

<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. Charlie Dent For Congress

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Charlie W. DentOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B28D67CD69A384C59A31

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. CHESAPEAKE PACMailing Address 170 OLD ENTERPRISE ROAD
PO BOX 5323

City	State	Zip Code
Upper Marlboro	MD	20774-1645

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B7F50DE6B1D36476FA38

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Citizens For Rush

Mailing Address P. O. Box 7292

City	State	Zip Code
Chicago	IL	60680

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Bobby L. RushOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : BE9DF7116270F4A399EF

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 PageFOR LINE NUMBER:
(check only one)

PAGE 214 OF 238

<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. 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

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : BA2714F9D7BA1402482C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Committee For Peter J. Visclosky

Mailing Address PO Box 10003

City	State	Zip Code
Merrillville	IN	46411

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Pete J. ViscloskyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : B0524EB1D18E04757939

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cong. Joe Barton Committee

Mailing Address PO Box 1444

City	State	Zip Code
Ennis	TX	75120

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Joe L. BartonOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : B1C8694876DDB4B08A57

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 PageFOR LINE NUMBER:
(check only one)

PAGE 215 OF 238

<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. CRESENT HARDY FOR CONGRESS

Mailing Address PO BOX 753941

City	State	Zip Code
LAS VEGAS	NV	89136

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Crescent L. HardyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B0313630300534C3FB6F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Debbie Dingell For Congress

Mailing Address PO Box 746

City	State	Zip Code
Dearborn	MI	48121

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Deborah Insley DingellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B540C54B897674AA1BC9

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Diana DeGette for Congress, Inc

Mailing Address 770 Grant Street, #238

City	State	Zip Code
Denver	CO	80203

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Diana L. DeGetteOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B90317D4DCD9946BDB49

Amount of Each Disbursement this Period

1500.00

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

4000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 216 OF 238

<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. 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 IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : BBCE7C7D448C9439E862

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Elise For Congress

Mailing Address PO Box 338

City Willsboro	State NY	Zip Code 12996
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Elise M. StefanikOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : B240D6B80181C4B6CA32

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Excelsior PAC

Mailing Address PO Box 450

City Victor	State NY	Zip Code 14564-0450
----------------	-------------	------------------------

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : BC97C8F298C744A08852

Amount of Each Disbursement this Period

5000.00

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

7000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 217 OF 238

<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. Free State PAC

Mailing Address PO Box 2712

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Other2015

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

Transaction ID : B78665FC5405F4CD0847

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends For Chris Stewart, Inc.

Mailing Address 10 West Broadway, Suite 500

City	State	Zip Code
Salt Lake City	UT	84101

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Chris D. StewartOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : BC6746FCB79CE40FCAD6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends For Chris Stewart, Inc.

Mailing Address 10 West Broadway, Suite 500

City	State	Zip Code
Salt Lake City	UT	84101

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Chris D. StewartOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : BCAFDE2B2320742F8AAB

Amount of Each Disbursement this Period

1500.00

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

5000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 219 OF 238

<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. George Holding For Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address PO Box 97187

City	State	Zip Code
Raleigh	NC	27624

Transaction ID : BD6CC020AC33E41E3B13Purpose of Disbursement
Contribution to Federal Candidate

Amount of Each Disbursement this Period

Candidate Name

Rep. George E.B. HoldingCategory/
Type

1500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 13

Full Name (Last, First, Middle Initial)

B. Gregg Harper For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address Post Office Box 54344

City	State	Zip Code
Pearl	MS	39288

Transaction ID : BAEB3BF9B21D9481AAD4Purpose of Disbursement
Contribution to Federal Candidate

Amount of Each Disbursement this Period

Candidate Name

Rep. Gregg HarperCategory/
Type

1000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 03

Full Name (Last, First, Middle Initial)

C. Help America's Leaders PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address 20 F St NW
Suite 500

City	State	Zip Code
Washington	DC	20001

Transaction ID : B8164C6232C6C42128A2Purpose of Disbursement
Contribution to Federal Leadership PAC

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 220 OF 238

<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. Holding onto Oregon's Priorities

Mailing Address PO BOX 3314

City	State	Zip Code
Portland	OR	97208

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

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : B125AEB3F65CF436E80E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Issa For Congress

Mailing Address PO Box 760

City	State	Zip Code
Vista	CA	92085

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Darrell E. IssaOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 49

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B9E70A8BE7C8E46EEB81

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Mailing Address PO Box 1324

City	State	Zip Code
Cape Girardeau	MO	63702

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Jason T. SmithOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B39BE1FE8D3A5405481C

Amount of Each Disbursement this Period

2000.00

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

9500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 221 OF 238

<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. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton	State MA	Zip Code 02459
----------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Joe P. Kennedy IIIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : BAC8ED825E8684E03A8B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KEEPING AMERICA ROLLING PAC

Mailing Address PO BOX 185

City HARRISBURG	State PA	Zip Code 17101
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼ Other2015

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : BF210F692207A4C878C9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse	State WI	Zip Code 54601
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Ron J. KindOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B5373443DEFDF4E79B9D

Amount of Each Disbursement this Period

2000.00

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

7000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 223 OF 238

<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. Loeb sack for Congress

Mailing Address PO Box 2720

City	State	Zip Code
Cedar Rapids	IA	52406

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Dave W. Loeb sack

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : B5D4B617E90C24957AD6

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City	State	Zip Code
University Heights	OH	44118

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Marcia L. Fudge

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

State: OH District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B9FF226FC0DDC4C1D9E0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mike Bishop For Congress

Mailing Address PO Box 1148

City	State	Zip Code
Brighton	MI	48116

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Michael D. Bishop

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B08B69320F2AF456BAC6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

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 PageFOR LINE NUMBER:
(check only one)

PAGE 224 OF 238

<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. Mike Kelly For Congress

Mailing Address PO Box 476

City	State	Zip Code
Lyndora	PA	16045

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Mike Kelly Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B78028CF7635E4CEB8AD

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Moore For Congress

Mailing Address PO Box 16646

City	State	Zip Code
Milwaukee	WI	53216

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Gwen S. MooreOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B5A5BDD1ED74344B096A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NewPAC

Mailing Address PO Box 6545

City	State	Zip Code
Visalia	CA	93290

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : B2C9827CBEA0D48B3938

Amount of Each Disbursement this Period

2500.00

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

5500.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Dental Association Political Action Committee

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 226 OF 238

<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. Paul Gosar For Congress

Mailing Address PO Box 2967

City Prescott	State AZ	Zip Code 86302-2967
------------------	-------------	------------------------

Purpose of Disbursement
ERMK: Joseph Crowley

Candidate Name

Rep. Paul A. GosarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
OTHER

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : B0A1AC2B836B84E35811

Amount of Each Disbursement this Period

1000.00

ERMK: Joseph Crowley. 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: William Calnon

Candidate Name

Rep. Paul A. GosarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
OTHER

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : B2409A62C263945FBB60

Amount of Each Disbursement this Period

250.00

ERMK: William Calnon. transmitted by check/EFT

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: Kenneth McDougall

Candidate Name

Rep. Paul A. GosarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
OTHER

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : BAE6CFEE3480F479DBD1

Amount of Each Disbursement this Period

500.00

ERMK: Kenneth McDougall. transmitted by check/EFT

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

1750.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 227 OF 238

<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. Paul Gosar For Congress

Mailing Address PO Box 2967

City Prescott	State AZ	Zip Code 86302-2967
------------------	-------------	------------------------

Purpose of Disbursement
ERMK: Loren Feldner

Candidate Name

Rep. Paul A. Gosar

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 04

Disbursement For: 2015	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	<input type="checkbox"/> General
------------------------	----------------------------------------------------------------------------------------------------	----------------------------------

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : B988A8CF5F4F34FED92A

Amount of Each Disbursement this Period

1000.00

ERMK: Loren Feldner. 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: Loren Feldner

Candidate Name

Rep. Paul A. Gosar

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 04

Disbursement For: 2015	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	<input type="checkbox"/> General
------------------------	----------------------------------------------------------------------------------------------------	----------------------------------

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : B9F4081F37A634734B0A

Amount of Each Disbursement this Period

1000.00

ERMK: Loren Feldner. transmitted by check/EFT

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: Kevin Corry

Candidate Name

Rep. Paul A. Gosar

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 04

Disbursement For: 2015	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ OTHER	<input type="checkbox"/> General
------------------------	----------------------------------------------------------------------------------------------------	----------------------------------

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : BEAC65C36D2FB4D86ADI

Amount of Each Disbursement this Period

500.00

ERMK: Kevin Corry. transmitted by check/EFT

SUBTOTAL of Disbursements This Page (optional)..... ►**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 PageFOR LINE NUMBER:
(check only one)

PAGE 228 OF 238

<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. Paul Gosar For Congress

Mailing Address PO Box 2967

City Prescott	State AZ	Zip Code 86302-2967
------------------	-------------	------------------------

Purpose of Disbursement
ERMK: William Calnon

Candidate Name

Rep. Paul A. GosarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
OTHER

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : B3F629A9FCF0749AEADD

Amount of Each Disbursement this Period

250.00

ERMK: William Calnon. 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: Charles McGinty

Candidate Name

Rep. Paul A. GosarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
OTHER

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : BBA41506A1A0C4B7C92D

Amount of Each Disbursement this Period

1000.00

ERMK: Charles McGinty. transmitted by check/EFT

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: Matthew Neary

Candidate Name

Rep. Paul A. GosarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
OTHER

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : B980713FE16964F6A94C

Amount of Each Disbursement this Period

1000.00

ERMK: Matthew Neary. transmitted by check/EFT

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

2250.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 229 OF 238

<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. Paul Gosar For Congress

Mailing Address PO Box 2967

City
PrescottState
AZZip Code
86302-2967Purpose of Disbursement
ERMK: James Dumas

Candidate Name

Rep. Paul A. GosarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
OTHER

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

Transaction ID : B856B98E5E8E3433392D

Amount of Each Disbursement this Period

1000.00

ERMK: James Dumas. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

B. Paul Tonko For CongressMailing Address 911 Central Avenue
PO Box 221City
AlbanyState
NYZip Code
12206Purpose of Disbursement
VOID - Contribution to Federal Candidate

Candidate Name

Rep. Paul D. TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Transaction ID : B26D0E052943747529B4

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

C. Paul Tonko For CongressMailing Address 911 Central Avenue
PO Box 221City
AlbanyState
NYZip Code
12206Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Paul D. TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Transaction ID : BB22AC62CFBBB4BB3BC

Amount of Each Disbursement this Period

2000.00

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

1000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 230 OF 238

<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. People For Derek Kilmer

Mailing Address PO Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Derek Kilmer

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B37640746406E44CFB5F

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. PETE PAC

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼ Other2015

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B1A3547E9FBF54933BA6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pineapple PAC

Mailing Address PO BOX 15293

City	State	Zip Code
Washington	DC	20003-0293

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼ Other2015

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : BE02280BCAEFD441A894

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 OF 238

<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. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. Rob J. PortmanOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : BDB105D4A69954D968BD

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Promoting our Republican Team PAC

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017-8914

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B29127694DBA2462395F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Prosperity Action

Mailing Address 1006 Pendelton St.

City	State	Zip Code
Alexandria	VA	22314-1837

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B3673C5238F73412B918

Amount of Each Disbursement this Period

5000.00

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

11500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 232 OF 238

<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. Responsibility and Freedom Work PAC

Mailing Address P. O. Box 1281

City	State	Zip Code
Tupelo	MS	38802

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

M M M	/	D D D	/	Y Y Y Y Y
11	/	30	/	2015

Transaction ID : BA4E22DC5A7284F5B8BF

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Rodney For Congress

Mailing Address PO Box 344

City	State	Zip Code
Taylorville	IL	62568

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Rodney L. DavisOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	30	/	2015

Transaction ID : B0F5C60CA87A7476B9BE

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Ron Johnson For Senate IncMailing Address 219 E Washington Ave
Suite 101

City	State	Zip Code
Oshkosh	WI	54901

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. Ron H. JohnsonOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	30	/	2015

Transaction ID : B8B42FC6146E14E4C88D

Amount of Each Disbursement this Period

1500.00

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

8000.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Dental Association Political Action Committee

1000.00

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

5000.00

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

2000.00

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 234 OF 238

<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. Simpson For Congress

Mailing Address 1487 Parkway Drive

City	State	Zip Code
Blackfoot	ID	83221-1667

Purpose of Disbursement
ERMK: Joseph Crowley

Candidate Name

Rep. Mike K. SimpsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) **OTHER**

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

Transaction ID : B1969A7651CA449B0B3F

Amount of Each Disbursement this Period

500.00

ERMK: Joseph Crowley. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

B. Speak Up America PAC

Mailing Address PO Box 2145

City	State	Zip Code
West Columbus	SC	29171

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) **Other2015**

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : BC42209A1322841A9869

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Strategy PAC

Mailing Address 219 East Washington Avenue, Suite

City	State	Zip Code
Oshkosh	WI	54901

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) **Other2015**

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : B37C92DE8BDF54F86819

Amount of Each Disbursement this Period

2500.00

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

5500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 235 OF 238

<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. Susan Davis For Congress

Mailing Address PO Box 84049

City	State	Zip Code
San Diego	CA	92138

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Susan A. DavisOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 53

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : B98CDC17CFAB14464870

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Tallatchee Creek PAC

Mailing Address PO Box 29576

City	State	Zip Code
Washington	DC	20017-0776

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

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : B80829F3BAC33449CA5E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ted Lieu For Congress

Mailing Address 6380 Wilshire Blvd #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Ted W. LieuOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Transaction ID : B4F480402C02148D9984

Amount of Each Disbursement this Period

2500.00

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

6500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 236 OF 238

<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. Tiberi For CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Pat J. TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B2091C93BF92A4977AD9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tom Rice For CongressMailing 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
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B521E0286A1794CDEAB3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Trust Pac

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : B0F8035001AAF43AD897

Amount of Each Disbursement this Period

5000.00

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

8500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 237 OF 238

<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. VERN PAC (Vote to Elect Republicans Now)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address PO Box 48928

City	State	Zip Code
Sarasota	FL	34230

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Category/
Type**Transaction ID : B147896A2BCC14EFB815**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Full Name (Last, First, Middle Initial)

B. Young For Iowa, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Mailing Address PO Box 162

City	State	Zip Code
Van Meter	IA	50261

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. David E. YoungCategory/
Type**Transaction ID : BB0746A9BFF2C4F1CB71**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 03

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

6000.00

169500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 238 OF 238

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr John Floyd Harrington Jr

Mailing Address 645 W Thomas St

City	State	Zip Code
Milledgeville	GA	31061-2337

Purpose of Disbursement
Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : B8F8E1202997F4799A85

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Edward John Vigna

Mailing Address 3600 S 40th St

City	State	Zip Code
Lincoln	NE	68506-4201

Purpose of Disbursement
Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : BBA4C55BD3BAF4B84A6L

Amount of Each Disbursement this Period

19.23

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D 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)..... ►

1019.23

1019.23
