PAGE 1 / 8

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE 1111 14TH STREET, NW ADDRESS (number and street) **SUITE 1100** (Check if address is changed) WASHINGTON 20005-5627 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address MILLIGANS@ADA.ORG is changed) Optional Second E-Mail Address FEDERALCOMPLIANCE@NOSSAMAN.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00000729 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer BARNFIELD, TERRY, , DR., BARNFIELD, TERRY, , DR., 10 24 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only

Local 202-694-1100

(Revised 06/2012)

FE	Form 1 (Revised 03/2022) Page 2	
5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name of Candidate	
	Candidate Office State Party Affiliation Sought: House Senate President	-
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (d) This committee is a (National, State (Democratic, Party Indiana, 1888) Party Indiana, 1888) Party Indiana, 1888, Indiana, Indian	
	or subordinate) committee of the Republican, etc.) Party	
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	is a:
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)	/
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politica committees/organizations, at least one of which is an authorized committee of a federal candidate.	I
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	I
	Committees Participating in Joint Fundraiser	
	1	

FEC Form 1 (Revised 02/2009)	Page	3

/Vrite	or ly	pe C	ommi	ttee I	Name	
vrite	or 1y	pe C	ommi	πee	Name	

AMERICAN DENTAL	ASSOCIATION POLITICAL	ACTION COMMITTEE
	ASSOCIATION FULLTICAL	ACTION COMMINITED

_	Name of Any Connected Or	went to Affiliated Committee Laint	Fundaciona Bonso		and water DAC Course	
6.	-	ganization, Affiliated Committee, Joint	rundraising Repres	sentative, or t	Leadership PAC Sponso	or
	AMERICAN DENTAL	. ASSOCIATION				
	1					ı
	Mailing Address	1111 14TH STREET, NW				
		SUITE 1100				
		WASHINGTON		DC	20005-5627	
		CITY ▲	;	STATE A	ZIP CODE ▲	
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising	Representative	Leadership PAC Sp	oonsor
			_			
7.	Custodian of Records: Identi	fy by name, address (phone number opt	ional) and position of	the person in p	oossession of committee	
	books and records.		, .			
	Full Name MILLIGAN,	SARAH, , MS.,				. 1
	Tun Numo	₁ 1111 14TH ST NW				
	Mailing Address					
		STE 1100				₁
		WASHINGTON		DC I	20005-5627	
		CITY ▲	5	STATE A	ZIP CODE ▲	
	Title or Position ▼					
	CUSTODIAN OF RECORDS		Telephone numb	per202		l
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the o	committee; and	I the name and address	of
	Full Name BARNFIEL	D, TERRY, , DR.,				
	of Treasurer					
	Mailing Address	500 N. BROADWAY				. 1
	Mailing Address					
		SALEM			62881	
		CITY ▲	5	STATE A	ZIP CODE ▲	
	Title or Position ▼					
	TREASURER		Telephone numb	202	- 789 - 2400	0
ı			relephone num			

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		
	Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	I lie of Position		
		Telephone number	
-		Depositories: List all banks or other depositories in which the committee deposits xes or maintains funds.	funds, holds accounts, rents
	Name of Bank, D	Depository, etc.	
		CITIBANK	
	Mailing Address	1101 PENNSYLVANIA AVENUE, NW	
		11TH FLOOR	
		WASHINGTON DC	20004
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	Depository, etc.	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

Page	of ⁸	
i aye	O.	

1	467	FEC ID FEC ID	number number number number resentative	C C C c, or Leadership PAC Spons
Alame of Any Connected Organization Indiana Dental PAC Mailing Address PO Box 2 Indianap Relationship: Connected Organization Pesignated Agent: Identify by name, and a second process of the proc	467	FEC ID	number	C
A. Indiana Dental PAC Mailing Address Mailing Address PO Box 2 Indianap Relationship: Connected Organization Designated Agent: Identify by name, and a siling Address TITLE OR POSITION TITLE OR POSITION Banks or Other Depositories: List all afety deposit boxes or maintains fundalisme of Bank,	467	FEC ID	number	C
Indiana Dental PAC Mailing Address PO Box: Indianap Relationship: Connected Organization resignated Agent: Identify by name, and the state of Bank, TITLE OR POSITION Title OR POSITION Tanks or Other Depositories: List all lafety deposit boxes or maintains fundal lame of Bank,	467			
Indiana Dental PAC Mailing Address PO Box: Indianap Relationship: Connected Organization Pesignated Agent: Identify by name, and a second process of the process of t	467	Fundraising Rep	resentative	e, or Leadership PAC Spons
Indiana Dental PAC Mailing Address PO Box: Indianap Relationship: Connected Organization Pesignated Agent: Identify by name, and a second process of the process of t	467	-undraising Rep	resentative	e, or Leadership PAC Spons
Relationship: Connected Organization Designated Agent: Identify by name, and the second of the sec	olis CITY 🛦			
Relationship: Connected Organization resignated Agent: Identify by name, and the state of Bank, Indianap Indiana	olis CITY 🛦			
Relationship: Connected Organization resignated Agent: Identify by name, and the session of the properties of the session of	CITY A			
Relationship: Connected Organization resignated Agent: Identify by name, and the session of the properties of the session of	CITY A			
Connected Organization resignated Agent: Identify by name, and the session of the properties of the session o			IN	46206-2467
Full Name Mailing Address TITLE OR POSITION tanks or Other Depositories: List all lafety deposit boxes or maintains fundulations.			STATE A	ZIP CODE ▲
TITLE OR POSITION ▼ anks or Other Depositories: List all afety deposit boxes or maintains fundame of Bank,	udress (phone number – option	ai)	1 1 1	
anks or Other Depositories: List all afety deposit boxes or maintains fund				
tanks or Other Depositories: List all afety deposit boxes or maintains fund				
tanks or Other Depositories: List all afety deposit boxes or maintains fund				
anks or Other Depositories: List all afety deposit boxes or maintains fund	CITY A		STATE A	ZIP CODE ▲
afety deposit boxes or maintains fund		Telephone Nu	umber	
Mailing Address		which the commit	tee deposit	s funds, holds accounts, rent
Ividiling Address				
				I I-I

Page	of ⁸	
i aye	O.	

1					
2.			FEC ID num	ber C	
			FEC ID num	ber C	
3.			FEC ID num	ber C	
4.			FEC ID num	ber C	
		iliated Committee, Joint F	undraising Represen	tative, or Le	adership PAC Spons
North Carolina De	ntal PAC				
Mailing Address	1600 Evans Ro	ad			
	Cary		N	C 27	7513-2790
Relationship:		CITY A	STAT	E 🛦	ZIP CODE ▲
esignated Agent: Ide	ntify by name, addres	ss (phone number – optiona	l)		
Mailing Address					
J					
				1 1	
		CITY A	STATE		ZIP CODE ▲
TITLE OR POSITI	ON ▼	CITY A	STATE Telephone Number		ZIP CODE ▲

Dogo	of 8	
Page	of °	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		-	
ame of Any Connected Ohio Dental PAC	Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spon
Mailing Address	1370 Dublin Road		
	Columbus	OH	43215-1049
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optiona		Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optiona		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	city by name, address (phone number – optional control of the cont	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	city by name, address (phone number – optional control of the cont	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	city by name, address (phone number – optional control of the cont	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	city by name, address (phone number – optional control of the cont	STATE A Telephone Number	ZIP CODE A

Dogo	of 8	
Page	of °	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected New Jersey Dental I	l Organization, Affiliated Committee, Joint Fur PAC	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	One Dental Plaza		
	PO Box 6020		
	North Brunswick	NJ NJ	08902-4313
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Jof fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A