

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                     |                                                                                                                                              |  |                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>AMERICAN DENTAL ASSOCIATION INDEPENDENT EXPENDITURES COMMITTEE</b>                                                                                                                                                                                                                                                        |  |                                                                                                     | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00488338</div>    |  |                                                                                                                                                               |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;">MM / DD / YYYY<br/>05 / 03 / 2024</div>                                                          |  |                                                                                                     |                                                                                                                                              |  |                                                                                                                                                               |
| Full Name of Payee<br>FP1 Strategies, LLC                                                                                                                                                                                                                                                                                                                   |  |                                                                                                     | Date of Public Distribution/Dissemination<br><div style="display: inline-block; text-align: center;">MM / DD / YYYY<br/>05 / 03 / 2024</div> |  |                                                                                                                                                               |
| Mailing Address 3001 Washington Blvd.<br>7th Floor                                                                                                                                                                                                                                                                                                          |  |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">25429.51</div>                                          |  |                                                                                                                                                               |
| City<br>Arlington                                                                                                                                                                                                                                                                                                                                           |  | State<br>VA                                                                                         | Zip Code<br>22201                                                                                                                            |  | <b>Transaction ID : WFT2024422029-1</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; text-align: center;">MM / DD / YYYY</div> |
| Purpose of Expenditure<br>Catch-All Mailer                                                                                                                                                                                                                                                                                                                  |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                              |  |                                                                                                                                                               |
| Name of Federal Candidate<br>Simpson, Michael, , ,                                                                                                                                                                                                                                                                                                          |  |                                                                                                     | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                               |  | Office Sought: <input checked="" type="checkbox"/> House    District: 02<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: ID   |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;">25429.51</div>                                                    |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶             |
| Full Name of Payee<br>Gen2 Solutions, LLC                                                                                                                                                                                                                                                                                                                   |  |                                                                                                     | Date of Public Distribution/Dissemination<br><div style="display: inline-block; text-align: center;">MM / DD / YYYY<br/>05 / 07 / 2024</div> |  |                                                                                                                                                               |
| Mailing Address 3001 Washington Blvd.<br>7th Floor                                                                                                                                                                                                                                                                                                          |  |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">39704.00</div>                                          |  |                                                                                                                                                               |
| City<br>Arlington                                                                                                                                                                                                                                                                                                                                           |  | State<br>VA                                                                                         | Zip Code<br>22201                                                                                                                            |  | <b>Transaction ID : WFT2024422031-1</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; text-align: center;">MM / DD / YYYY</div> |
| Purpose of Expenditure<br>Radio Ads - media and production costs (actual cost)).                                                                                                                                                                                                                                                                            |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                              |  |                                                                                                                                                               |
| Name of Federal Candidate<br>Simpson, Michael, , ,                                                                                                                                                                                                                                                                                                          |  |                                                                                                     | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                               |  | Office Sought: <input checked="" type="checkbox"/> House    District: 02<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: ID   |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;">65113.51</div>                                                    |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶             |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                             |  |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;">65133.51</div>                                                    |  |                                                                                                                                                               |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                          |  |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                            |  |                                                                                                                                                               |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                            |  |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;">65133.51</div>                                                    |  |                                                                                                                                                               |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                     |                                                                                                                                              |  |                                                                                                                                                               |
| Signature<br><br>BARNFIELD, TERRY, , DR.,                                                                                                                                                                                                                                                                                                                   |  |                                                                                                     | Date <div style="display: inline-block; text-align: center;">MM / DD / YYYY<br/>06 / 20 / 2024</div>                                         |  |                                                                                                                                                               |