

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
Washington DC 20005-5627
 Check if different than previously reported. (ACC)

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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / 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 in the State of

5. Covering Period 09 / 01 / 2018 through 09 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Ortego, L Stephen, , Dr.,
Type or Print Name of Treasurer

Signature of Treasurer *Ortego, L Stephen, , Dr.,* [Electronically Filed] Date 10 / 09 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Dental Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		754150.21
(b) Cash on Hand at Beginning of Reporting Period.....	632589.82	
(c) Total Receipts (from Line 19)	77396.80	763429.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	709986.62	1517580.10
7. Total Disbursements (from Line 31).....	405321.48	1212914.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	304665.14	304665.14
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

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: 09 / 01 / 2018 To: 09 / 30 / 2018

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).....	73216.53	247408.77
(ii) Unitemized	4150.93	511728.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	77367.46	759136.97
(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)	77367.46	759136.97
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	29.34	292.92
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)).....▶	77396.80	763429.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	77396.80	763429.89

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3371.48	9919.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3371.48	9919.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	401950.00	1198415.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2330.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2330.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2250.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	405321.48	1212914.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	405321.48	1212914.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	77367.46	759136.97
34. Total Contribution Refunds (from Line 28(d))	0.00	2330.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77367.46	756806.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3371.48	9919.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3371.48	9919.96

**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 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Ahmad, Nazir, H, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 830 Bankston Woods Way

City Raleigh	State NC	Zip Code 27609-7482
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Capital Oral and Facial Surgery	Occupation (for Individual) dentistry
--	--

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
09	/	17	/	2018

Transaction ID : AC270575EDFFF4E0E9AB

Amount of Each Receipt this Period
250.00

Memo Item

B. Arrigo, Michael, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Long HI

City Boxford	State MA	Zip Code 01921-2453
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	17	/	2018

Transaction ID : A5833A99F87BB4C8A8B5

Amount of Each Receipt this Period
250.00

Memo Item

C. Atarod, Ensy, Ann, Dr., DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2204 Barton Hills Dr

City Austin	State TX	Zip Code 78704-4623
----------------	-------------	------------------------

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

Name of Employer (for Individual) St. David's Foundation	Occupation (for Individual) 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
09	/	05	/	2018

Transaction ID : AE3B8650A053C4B008EB

Amount of Each Receipt this Period
250.00

Memo Item

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 7 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Baysa, Robert, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 95-1099 Ainamakua Dr
Ste 1

City Mililani	State HI	Zip Code 96789-4298
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dental Arts Hawaii	Occupation (for Individual) Dentist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
533.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2018

Transaction ID : A3E8AA14ABAD8488386F

Amount of Each Receipt this Period
200.00

Memo Item

B. Berkley, Jeffrey, S, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 402 Northwood Dr

City Orange	State CT	Zip Code 06477-1050
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	24	/	2018

Transaction ID : A31F4877E170C42AA950

Amount of Each Receipt this Period
1000.00

Memo Item

C. Bird, Gerald, W, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1983 Rockledge Dr

City Rockledge	State FL	Zip Code 32955-4916
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Oral Surgeon
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2018

Transaction ID : ADF80BC91C05A4810851

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bishop, Deborah, S, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Buck Island Pt
Ste 7-C

City Guntersville State AL Zip Code 35976-8416

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.03

Date of Receipt
09 / 20 / 2018
Transaction ID : **AE9E4BF4F8AF64841A4D**

Amount of Each Receipt this Period
66.67

Memo Item

B. Bone, James, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1410 Indian Creek Loop

City Kerrville State TX Zip Code 78028-1765

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

Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 05 / 2018
Transaction ID : **AEDCAD4CA060E4BB4BCI**

Amount of Each Receipt this Period
500.00

Memo Item

C. Boss, John, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 River Pl

City Lowell State MA Zip Code 01852-1035

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 26 / 2018
Transaction ID : **A0FF61419BBDF42149D0**

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	816.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brown, Steven, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Kings Daughters Ct

City West Greenwich	State RI	Zip Code 02817-2115
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	25	/	2018

Transaction ID : A73CDBB7D4C97449CA61

Amount of Each Receipt this Period
1000.00

Memo Item

B. Bryant, Kevin, Patrick, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Balfour Ct

City Signal Mountain	State TN	Zip Code 37377-2321
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	22	/	2018

Transaction ID : A80699B58BA474854AF3

Amount of Each Receipt this Period
1000.00

Memo Item

C. Buchanan, John, G, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 910 Country Club Dr

City Lexington	State NC	Zip Code 27292-5418
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2018

Transaction ID : A687CA40A65BA462DB99

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Calderwood, Cody, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 E 450 South St

City Midway	State UT	Zip Code 84049
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) 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
09		08		2018

Transaction ID : ADF4B37487F28448F811

Amount of Each Receipt this Period
250.00

Memo Item

B. Calitri, Paul, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Bucks Trl

City Westerly	State RI	Zip Code 02891-4085
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		24		2018

Transaction ID : AF57305BA5CCE433AD9

Amount of Each Receipt this Period
250.00

Memo Item

C. Caputo, Anthony, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5255 N Salida Del Sol Dr

City Tucson	State AZ	Zip Code 85718-5411
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		08		2018

Transaction ID : A5EEBBD45DD3047F3B8A

Amount of Each Receipt this Period
500.00

Memo Item

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 11 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cashion, Scott, William, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2710 Henry St. Suite 102

City Greensboro	State NC	Zip Code 27405-4962
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	17	/	2018

Transaction ID : AE675D3DDC96F4CA9989

Amount of Each Receipt this Period
500.00

Memo Item

B. Coakley, Cassandra, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 204

City Waterbury Center	State VT	Zip Code 05677-0204
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Main Street Family Dentistry	Occupation (for Individual) 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
09	/	25	/	2018

Transaction ID : A947E3C665E474EBD900

Amount of Each Receipt this Period
250.00

Memo Item

C. Cohen, Scott, Gershon, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 144 W Kings Way

City Winter Park	State FL	Zip Code 32789-5715
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employd	Occupation (for Individual) 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
09	/	04	/	2018

Transaction ID : AC3EB7D48581B49E0B61

Amount of Each Receipt this Period
500.00

Memo Item

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 12 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Collins, Timothy, E, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25214 Walden Rd

City Abingdon	State VA	Zip Code 24210-7736
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	26	/	2018

Transaction ID : AFAD6A2789AD6471D8DF

Amount of Each Receipt this Period
250.00

Memo Item

B. Compton, Lindsay, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8595 Ralston Rd

City Arvada	State CO	Zip Code 80002-2348
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	22	/	2018

Transaction ID : A8D69E9E33515425EA75

Amount of Each Receipt this Period
500.00

Memo Item

C. Crump, Brad, Bradley, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1514 Junior Dr

City Dallas	State TX	Zip Code 75208-2422
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	05	/	2018

Transaction ID : AC1B06C1989524C60806

Amount of Each Receipt this Period
500.00

Memo Item

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 13 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Curtis, Eric, K, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 721
 City Thatcher State AZ Zip Code 85552-0721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 09 / 05 / 2018
Transaction ID : A447C471052394699A8B
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Danna, Jodi, D, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5124 Rain Forest Trl
 City Plano State TX Zip Code 75093-7597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 09 / 05 / 2018
Transaction ID : A653160B658D54C8DA20
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Davis, Jay, Gibson, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Stanley Davis Cir
 City Shelbyville State TN Zip Code 37160-7707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 09 / 22 / 2018
Transaction ID : A744216A018F74131960
 Amount of Each Receipt this Period 500.00
 Memo Item

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 14 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DiVincenzo, Giorgio, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 312 Academy St

City Jersey City	State NJ	Zip Code 07306-4441
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Periodontist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.03

Date of Receipt
09 / 21 / 2018
Transaction ID : A836E70D269B54C79BA1

Amount of Each Receipt this Period
66.67

Memo Item

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

Mailing Address 200 Little Falls Street Suite 506

City Falls Church	State VA	Zip Code 22046-4322
----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 14 / 2018
Transaction ID : AFB280192660549F8857

Amount of Each Receipt this Period
1000.00

Memo Item

C. Eddy, Arthur, F, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 Holden Rd

City Shirley	State MA	Zip Code 01464-2113
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 17 / 2018
Transaction ID : A45BD49021EE54AA48D7

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1316.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Enos, Jennifer, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) 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
09	/	09	/	2018

Transaction ID : A6BB58A0D728D483383C

Amount of Each Receipt this Period
1000.00

Memo Item

B. Fallon, Andrea, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 154 Rachael Ter

City Westfield	State MA	Zip Code 01085-1881
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	24	/	2018

Transaction ID : A359200D5C8AE45B9967

Amount of Each Receipt this Period
250.00

Memo Item

C. Foster, Karen, Diane, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7600 Landmark Way
Unit 814

City Greenwood Village	State CO	Zip Code 80111-1964
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	08	/	2018

Transaction ID : AF90D08C2E50340CEABC

Amount of Each Receipt this Period
1000.00

Memo Item

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 16 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Fried, David, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Turnberry Rd
 City Wallingford State CT Zip Code 06492-2743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2018
Transaction ID : AB5249F48813244B4964
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Garcia, John, H, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Bluebird Ave Apt B
 City McAllen State TX Zip Code 78504-3498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2018
Transaction ID : AAAFE79C28BC54F23882
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Gerlach, Lynne, S, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3113 Oak Hollow Dr
 City Plano State TX Zip Code 75093-6349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2018
Transaction ID : A13C017E5C22B4C15BA4
 Amount of Each Receipt this Period 500.00
 Memo Item

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 17 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Gerlach, William, H, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3113 Oak Hollow Dr
 City Plano State TX Zip Code 75093-6349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2018
Transaction ID : AF983A789EB194646B06
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Gleason, Martin, C, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Kodi Cir
 City Fairfield State IA Zip Code 52556-3763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2018
Transaction ID : A6FD20C4695D9425EB7C
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Goad, Jamie, Dale, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 610
 City Carrizozo State NM Zip Code 88301-0610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carrizozo Health Center Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2018
Transaction ID : A4660981E1E784D23B32
 Amount of Each Receipt this Period 250.00
 Memo Item

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 18 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Goulding, Michael, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4358 Capra Way

City Benbrook	State TX	Zip Code 76126-2237
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	05	/	2018

Transaction ID : A3EE2AECCECAF14AD0805

Amount of Each Receipt this Period
250.00

Memo Item

B. Gusha, John, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1116 Main St

City Holden	State MA	Zip Code 01520-1247
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : A5B20DB30DED9442AA0F

Amount of Each Receipt this Period
500.00

Memo Item

C. Harvey, Brien, V, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6051 N Paseo Valdear

City Tucson	State AZ	Zip Code 85750-1098
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	08	/	2018

Transaction ID : A3EB1C446D9C94432A8A

Amount of Each Receipt this Period
1000.00

Memo Item

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 19 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hawkins, Hubert, W, Dr., IV
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 209 Cottage St
Ste 1

City Littleton State NH Zip Code 03561-4100

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

Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2018
Transaction ID : A713DB5A7BA084018B94

Amount of Each Receipt this Period 250.00

Memo Item

B. Heinen, Margaret, A, Dr., DMD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1940 Morning Grove Ct

City Reno State NV Zip Code 89523-4822

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2018
Transaction ID : AF7E9B3736D9845D0AC6

Amount of Each Receipt this Period 250.00

Memo Item

C. Ho, Duc, Minh, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8207 Cabrillo Landing Ct

City Katy State TX Zip Code 77494-2005

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2018
Transaction ID : A6DD520D0B62B45F2AA5

Amount of Each Receipt this Period 250.00

Memo Item

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 20 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hopson, Jerry, Joe, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 W Sam Rayburn Dr
 City Bonham State TX Zip Code 75418-4326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2018
Transaction ID : A28C93DFBDB3142A0AB0
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Horutz, Kathryn, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 173 Ocean Ave
 City Portland State ME Zip Code 04103-5728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2018
Transaction ID : A8328C60A772C410EA14
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Howell, Christine, Danielle, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5837 Harbour View Blvd Unit 1209
 City Suffolk State VA Zip Code 23435-2657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 466.66

Date of Receipt 09 / 12 / 2018
Transaction ID : AF926B264430B4DD297B
 Amount of Each Receipt this Period 166.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hutchison, Bruce, R, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15010 Starry Night Ln
 City Centreville State VA Zip Code 20120-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hutchison & Gorman,LLC Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 10 / 2018
Transaction ID : A3D306A0D3B8948F2967
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Iuorno, Frank, P, Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12000 wyndham lake drive ste c
 City Glen Allen State VA Zip Code 23059-7072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2018
Transaction ID : A0038E28A624F48B8A66
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. James, Laji, J, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2018
Transaction ID : A59ACD246BE9F4BBF83E
 Amount of Each Receipt this Period 500.00
 Memo Item

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 22 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jonke, Guenter, Josef, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Abbey Ln

City Setauket	State NY	Zip Code 11733-1939
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2018

Transaction ID : A7F3D5E0A8B9646AFA08

Amount of Each Receipt this Period
76.92

Memo Item

B. Jungman, Douglas, Craig, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9604 18th Avenue Cir NW

City Bradenton	State FL	Zip Code 34209-8104
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		01		2018

Transaction ID : A13776468D07D434B983

Amount of Each Receipt this Period
250.00

Memo Item

C. Kahl, Jeffrey, Allen, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 Macon Ave
Ste 100

City Canon City	State CO	Zip Code 81212-3225
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Colorado Springs Pediatric Dentistry	Occupation (for Individual) 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
09		08		2018

Transaction ID : A2ECD2DB852F24ABDBFA

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1326.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Date of Receipt 09 / 05 / 2018
Transaction ID : AA1E754479DB54CF1B18
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kessler, Brett, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7750 E 26th Ave
 City Denver State CO Zip Code 80238-2423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2018
Transaction ID : A314CBE26EBAD403DA1A
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Killpack, Bracken, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing 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 (for Individual) Washington State Dental Association Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : A3A997C23516B4FDA01
 Amount of Each Receipt this Period 500.00
 Memo Item

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 24 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. King, Rebecca, Susan, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) retired	Occupation (for Individual) 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
09		17		2018

Transaction ID : A241F8EFF6B714EE6A6C

Amount of Each Receipt this Period
1000.00

Memo Item

B. Kortje, Jana, Marie, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2721 W 67th Ter

City Mission Hills	State KS	Zip Code 66208-1849
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Dr. Mingos & Associates	Occupation (for Individual) 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
09		05		2018

Transaction ID : A7917AC8842A44D87A99

Amount of Each Receipt this Period
250.00

Memo Item

C. Ku, David, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7417 La Manga Dr

City Dallas	State TX	Zip Code 75248-3043
----------------	-------------	------------------------

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

Name of Employer (for Individual) self- employed	Occupation (for Individual) 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
09		05		2018

Transaction ID : AF5AB13AF642F4C71A51

Amount of Each Receipt this Period
250.00

Memo Item

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 25 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Lee, James, Emmanuel, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Fairbanks Rd

City Lexington	State MA	Zip Code 02421-7711
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		24		2018

Transaction ID : AE2FDF14204BB41BA9DA

Amount of Each Receipt this Period
250.00

Memo Item

B. Litaker, William, M, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1092 13th Ave NW

City Hickory	State NC	Zip Code 28601-2316
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		02		2018

Transaction ID : A28ECE13EE1154941827

Amount of Each Receipt this Period
250.00

Memo Item

C. Lustbader, David, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 270 Quincy Ave

City Quincy	State MA	Zip Code 02169-8127
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		25		2018

Transaction ID : AB926ED190BC04F8288C

Amount of Each Receipt this Period
1000.00

Memo Item

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 26 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Manzanares, David, James, Dr.,

Mailing Address 13240 Silver Peak PI NE

City Albuquerque	State NM	Zip Code 87111-8261
---------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		08		2018

Transaction ID : A1EA7C3AFDBB04B7E883

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Marchand, Richard, D, Dr.,

Mailing Address 427 Route 6A

City Yarmouth Port	State MA	Zip Code 02675-1824
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		25		2018

Transaction ID : AE7134CD18AB74630B9E

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Marcucci, Richard, Louis, Dr.,

Mailing Address 4601 Queen Anne Ave

City Lorain	State OH	Zip Code 44052-5635
----------------	-------------	------------------------

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

Name of Employer (for Individual) retired	Occupation (for Individual) 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
09		27		2018

Transaction ID : AAF782E5B7ED14AC880F

Amount of Each Receipt this Period
250.00

Memo Item

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 27 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Martin, Raymond, K, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Chauncy St
Ste 212

City Mansfield State MA Zip Code 02048-1200

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2018
Transaction ID : AF8D0BF887B054550A03

Amount of Each Receipt this Period 1000.00

Memo Item

B. Mason, John, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421 Pasadena Pl

City Corpus Christi State TX Zip Code 78411-1607

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2018
Transaction ID : AEC495B5B988C4EFE9A5

Amount of Each Receipt this Period 1000.00

Memo Item

C. Masters, Lisa, B, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 127 Hampton Way

City Shavano Park State TX Zip Code 78249-2041

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

Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2018
Transaction ID : AD28BF3C612E94D4889B

Amount of Each Receipt this Period 1000.00

Memo Item

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 28 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. May, Amos, David, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 Woodlake Dr

City Abilene	State TX	Zip Code 79606-4305
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		05		2018

Transaction ID : A95FC1F9552E043EABFA

Amount of Each Receipt this Period
250.00

Memo Item

B. McGinty, Charles, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5059 McClelland Blvd.

City Joplin	State MO	Zip Code 64804-4884
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) 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
09		24		2018

Transaction ID : AF981E5C1528248A6878

Amount of Each Receipt this Period
300.00

Memo Item
ERMK: Paul Gosar For Congress

C. McGinty, Charles, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5059 McClelland Blvd.

City Joplin	State MO	Zip Code 64804-4884
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) 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
09		25		2018

Transaction ID : A01257A7B74DD4235B63

Amount of Each Receipt this Period
250.00

Memo Item
ERMK: Dr Brian Babin For Congress

SUBTOTAL of Receipts This Page (optional).....	800.00
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 29 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. McGrath, Paul, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Cove Rd

City Forestdale	State MA	Zip Code 02644-1907
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		24		2018

Transaction ID : AB5B8550DE5804722B72

Amount of Each Receipt this Period
250.00

Memo Item

B. Messina, Matthew, J., Dr., DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8200 Sanctuary Dr

City Columbus	State OH	Zip Code 43235-4637
------------------	-------------	------------------------

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

Name of Employer (for Individual) The Ohio State University	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Transaction ID : A315B037F03E940F8A0F

Amount of Each Receipt this Period
166.66

Memo Item

C. Morchat, Arthur, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5158 Old Highway 135 N

City Gladewater	State TX	Zip Code 75647-6805
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) 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
09		05		2018

Transaction ID : A169B53DF03D247509C7

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
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 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Moriarty, Janis, B, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) 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
09		24		2018

Transaction ID : A4AC57E9746914211B45

Amount of Each Receipt this Period
1000.00

Memo Item

B. Murray, Rhett, Leonard, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) 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
09		08		2018

Transaction ID : AE0420B9943714B80B04

Amount of Each Receipt this Period
1000.00

Memo Item

C. Neal, Robert, Alexander, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10844 Star Meadow Dr

City Frisco	State TX	Zip Code 75033-3816
----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		05		2018

Transaction ID : A983C3C8B74664353AED

Amount of Each Receipt this Period
250.00

Memo Item

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 31 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Nichols, Kathleen, Hale, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3803 113th St
 City Lubbock State TX Zip Code 79423-1984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2018
Transaction ID : A9F20BF1B21BB45FE961
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Norbo, Justin, R, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35389 Paxson Rd
 City Round Hill State VA Zip Code 20141-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 11 / 2018
Transaction ID : A4338B5496D6B47269BA
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Norbo, Justin, R, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35389 Paxson Rd
 City Round Hill State VA Zip Code 20141-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2018
Transaction ID : A3270E783452B4A9486B
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: Drew Ferguson for Congress

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Norbo, Justin, R, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35389 Paxson Rd

City Round Hill	State VA	Zip Code 20141-2543
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) 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
09	/	19	/	2018

Transaction ID : A563C00E7D4AB41F2AC9

Amount of Each Receipt this Period
200.00

Memo Item
ERMK: Dr Brian Babin For Congress

B. Olsen, Fred, B., Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2236 west bethany home

City Phoenix	State AZ	Zip Code 85015-1934
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	17	/	2018

Transaction ID : A028DF42E2E354C5598D

Amount of Each Receipt this Period
250.00

Memo Item

C. Oneacre, Lee, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6806 Lakehurst Ave

City Dallas	State TX	Zip Code 75230-5208
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	09	/	2018

Transaction ID : A30EFD7B40C474D04818

Amount of Each Receipt this Period
500.00

Memo Item

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 33 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Osofsky, Joshua, T, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 Elm St
 City Milford State NH Zip Code 03055-4759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2018
Transaction ID : AD8EE036031824ADC93E
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Paul, Mina, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Charles St S Unit 3D
 City Boston State MA Zip Code 02116-5448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2018
Transaction ID : A93CE14A18B11412A80A
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Pearson, Justin, B, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Englewood Pkwy Unit A201
 City Englewood State CO Zip Code 80110-7316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A84791B87202240158A7
 Amount of Each Receipt this Period 250.00
 Memo Item

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 34 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Peppard, Richard, Mark, Dr., DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Boot HI
 City Horseshoe Bay State TX Zip Code 78657-5732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.03

Date of Receipt 09 / 19 / 2018
Transaction ID : AF150B98C93D44D6283C
 Amount of Each Receipt this Period 66.67
 Memo Item

B. Peskin, Robert, M, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 490 Berry Hill Rd
 City Syosset State NY Zip Code 11791-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.03

Date of Receipt 09 / 21 / 2018
Transaction ID : A7338D4247E494639B9D
 Amount of Each Receipt this Period 66.67
 Memo Item

C. Peters, Kenneth, S, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Univ. of Colorado School of Dental Med Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2018
Transaction ID : A1D42D29C4FDE4C2DA2E
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	383.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Poteet, Sarah, Tevis, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6012 Martel Ave
 City Dallas State TX Zip Code 75206-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2018
Transaction ID : A56FE97B170214250966
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Price, Dennis, R, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 Arrowhead Rd
 City Louisville State KY Zip Code 40207-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2018
Transaction ID : A0DB872AF9AB9428382E
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Purdy, John, Martin, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1532 Via Appia St
 City El Paso State TX Zip Code 79912-6628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2018
Transaction ID : ACF341F0CF69D408D8F3
 Amount of Each Receipt this Period 1000.00
 Memo Item

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 36 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Radmall, Val, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing 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 (for Individual) self-employed	Occupation (for Individual) 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
09		08		2018

Transaction ID : ABD56C85F8D234E73BE6

Amount of Each Receipt this Period
500.00

Memo Item

B. Reavis, Allen, Bley, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 614 N 5th St

City Atchison	State KS	Zip Code 66002-1802
------------------	-------------	------------------------

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

Name of Employer (for Individual) Atchison dental Associates, PA	Occupation (for Individual) 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
09		25		2018

Transaction ID : AC405B5D5E3B54746991

Amount of Each Receipt this Period
250.00

Memo Item

C. Rhea, Ronald, Lee, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1210 Villmont Ln

City Houston	State TX	Zip Code 77077-2613
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		15		2018

Transaction ID : AFD09011DFAD1474CA71

Amount of Each Receipt this Period
1000.00

Memo Item

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 37 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ricci, Shane, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10831 Silver Dollar Dr

City Frisco	State TX	Zip Code 75033-1560
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
09		05		2018

Transaction ID : A6DD7F153D2F14E12915

Amount of Each Receipt this Period
250.00

Memo Item

B. Roberts, Matthew, Bryson, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 521 E Goliad Ave

City Crockett	State TX	Zip Code 75835-2003
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : AA4D7B0D09A9C413B9E1

Amount of Each Receipt this Period
1800.00

Memo Item

C. Robertson, Kirk, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1110 W Beal Rd

City Flagstaff	State AZ	Zip Code 86001-1281
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2018

Transaction ID : A6F7D30873333462CB9A

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Roda, Robert, Stephen, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing 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 (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2018
Transaction ID : A80C2B91C833F4342B7B

Amount of Each Receipt this Period 500.00

Memo Item

B. Roseman, Lori, W, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12380 Federal Dr

City Saint Louis State MO Zip Code 63131-3836

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2018
Transaction ID : AA31A38C5AD24461084E

Amount of Each Receipt this Period 500.00

Memo Item

C. Schoemaker, Jeane, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15555 County Road 18.5

City Fort Morgan State CO Zip Code 80701-8407

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2018
Transaction ID : AE5541260179D46AA8C5

Amount of Each Receipt this Period 1000.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Scott, King, King, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 570 Pinecrest Rd

City West Monroe	State LA	Zip Code 71291-8883
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
09	/	07	/	2018

Transaction ID : A9D1E8301A2AC428F876

Amount of Each Receipt this Period
1000.00

Memo Item

B. Shanahan, Bryan, Joseph, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 910 E Hattie Greene

City Flagstaff	State AZ	Zip Code 86001-1918
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	08	/	2018

Transaction ID : AD742B50D04D04E25AA2

Amount of Each Receipt this Period
1000.00

Memo Item

C. Shenkin, Jonathan, David, Dr., DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Balsam Ln

City Freeport	State ME	Zip Code 04032-6023
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) 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
09	/	24	/	2018

Transaction ID : ABB5269E2C84D45F3AD2

Amount of Each Receipt this Period
1000.00

Memo Item

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 40 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sherwin, Ted, Ted, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4444 Germanna Hwy
111D Spicers Mill Rd

City Locust Grove State VA Zip Code 22508-2035

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.03

Date of Receipt 09 / 07 / 2018
Transaction ID : ADAE02C3870724F00B2D

Amount of Each Receipt this Period 66.67

Memo Item

B. Sherwood, Cynthia, E, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3936 S 10th St

City Independence State KS Zip Code 67301-8959

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2018
Transaction ID : ACE2C7A58EABA4FD0B16

Amount of Each Receipt this Period 1000.00

Memo Item

C. Shupe, James, A, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6309 Cherry Hill Pkwy

City Fort Wayne State IN Zip Code 46835-9635

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 09 / 26 / 2018
Transaction ID : A8F20B40F850B4639A6B

Amount of Each Receipt this Period 750.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1816.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Smuin, Michael, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 317 W 100 S

City Vernal	State UT	Zip Code 84078-2517
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
09		08		2018

Transaction ID : AE29C083C475F4C719A4

Amount of Each Receipt this Period
500.00

Memo Item

B. Southern, Cynthia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4457 Left Fork Ln

City Pulaski	State VA	Zip Code 24301-7489
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2018

Transaction ID : A621853BF23BF448A955

Amount of Each Receipt this Period
1000.00

Memo Item

C. Sparks, Michael, Shane, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8216 Grape View Ct NE

City Albuquerque	State NM	Zip Code 87122-1008
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Albuquerque Periodontics & Implantolog	Occupation (for Individual) 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
09		08		2018

Transaction ID : ABDD1693C17F5420C85F

Amount of Each Receipt this Period
250.00

Memo Item

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 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Stokley, Rhonda, Giltner, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11117 Amesite Trl

City Austin	State TX	Zip Code 78726-2422
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
09		05		2018

Transaction ID : AADBB718CA7C6470A81C

Amount of Each Receipt this Period
250.00

Memo Item

B. Talley, Robert, Harry, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Nevada dental Association	Occupation (for Individual) Executive Director
--	---

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
09		20		2018

Transaction ID : A437C3D88DBDA4D3A86D

Amount of Each Receipt this Period
250.00

Memo Item

C. Taylor, Barry, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) 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
09		28		2018

Transaction ID : A6558E6AB5C7142EEB82

Amount of Each Receipt this Period
250.00

Memo Item

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 43 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Thakkar, Nipa, R, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1595 McDaniel Dr
Apt 2612

City West Chester	State PA	Zip Code 19380-7039
----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : A27A91BD8B32E49FBA2D

Amount of Each Receipt this Period
83.33

Memo Item

B. Thompson, Jennifer, L, Dr., DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1212 E 20th St

City Farmington	State NM	Zip Code 87401-4215
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Donna M Thompson DDS PC	Occupation (for Individual) 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
09		07		2018

Transaction ID : A98A9CBC13582401B9E2

Amount of Each Receipt this Period
1000.00

Memo Item

C. Thornell, Rodney, J, Dr., DMD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5814 W Emmeline Dr

City Herriman	State UT	Zip Code 84096-1871
------------------	-------------	------------------------

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

Name of Employer (for Individual) Thornell Dentistry	Occupation (for Individual) 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
09		08		2018

Transaction ID : A32FF2093E78D4510BC0

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.33
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 44 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Torbett, Jennifer, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 813 Mooresfield Rd

City Saunderstown	State RI	Zip Code 02874-1203
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
09		25		2018

Transaction ID : A75504FAB0B6A4AEEAC3

Amount of Each Receipt this Period
250.00

Memo Item

B. Trowbridge, Thomas, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 Blueberry Hill Ln

City North Andover	State MA	Zip Code 01845-5303
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09		25		2018

Transaction ID : A21973382E5734280B66

Amount of Each Receipt this Period
500.00

Memo Item

C. Vigna, Edward, John, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15427 W Avalon Dr

City Goodyear	State AZ	Zip Code 85395-8508
------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1706.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : A1B11AC2589634261833

Amount of Each Receipt this Period
189.61

Memo Item

SUBTOTAL of Receipts This Page (optional).....	939.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Vorrasi, Andrew, G, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2018

Transaction ID : ACD54EBDB122144EC985

Amount of Each Receipt this Period
1500.00

Memo Item

B. Walker, Mark V, V, , DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20725 Snag Island Dr

City Lake Tapps	State WA	Zip Code 98391-8712
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	28	/	2018

Transaction ID : A1C4AAF91AD204E67902

Amount of Each Receipt this Period
1000.00

Memo Item

C. Walters, Karen, Alyse, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3630 Maroneal St

City Houston	State TX	Zip Code 77025-1325
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	05	/	2018

Transaction ID : ACB12BA3F46D74FE29F2

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 110
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ward, Karyn, Ward, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Canal St

City Cumberland	State RI	Zip Code 02864-5433
--------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	25	/	2018

Transaction ID : AE7168D50986B4128845

Amount of Each Receipt this Period
250.00

Memo Item

B. White, Robert, D, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 304

City Wimberley	State TX	Zip Code 78676-0304
-------------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	05	/	2018

Transaction ID : A9A06DE8D655645F0B52

Amount of Each Receipt this Period
1000.00

Memo Item

C. Willett, Emily, S, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6825 N 15th St

City Lincoln	State NE	Zip Code 68521-8990
-----------------	-------------	------------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
09	/	24	/	2018

Transaction ID : A09AFED48F9BF43D6B68

Amount of Each Receipt this Period
1000.00

Memo Item

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 47 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Worsham, Debrah, Jean, Dr., DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Hurst St
 City Center State TX Zip Code 75935-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2018
Transaction ID : A7C9596CD9F964F2F9F0
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Young, Brenda, J, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9807 Kirktree Ct
 City Fairfax State VA Zip Code 22032-1059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2018
Transaction ID : AAA9E98C7556A4B8BB36
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Young, Stephen, K, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Barry Switzer Ave
 City Norman State OK Zip Code 73072-6643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OK Univ School of Dentistry Occupation (for Individual) Dental School Faculty- Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2018
Transaction ID : A60DA98F8D9334618B28
 Amount of Each Receipt this Period 250.00
 Memo Item

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 48 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zeh, Glenn, A, Dr.,

Mailing Address 1147 Rosewood Ln
Ste 1

City Layton State UT Zip Code 84041-5116

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

Name of Employer (for Individual) self-employed Occupation (for Individual) Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 08 / 2018

Transaction ID : A654BA45ABFD44B83A06

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	73216.53

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 110
<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

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

A. Citibank 1

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 Vermont Ave NW

City Washington	State DC	Zip Code 20005-3754
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

292.92

Date of Receipt

09 / 30 / 2018

Transaction ID : AE5D028D97B9A4C408CD

Amount of Each Receipt this Period

29.34

Memo Item

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	29.34
TOTAL This Period (last page this line number only).....▶	29.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement
credit card fees

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2018

FEC Identification Number

C
Transaction ID : BA18EACED!
Amount of Each Disbursement this Period
3353.93

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank 1

Mailing Address 1500 Vermont Ave NW

City Washington State DC Zip Code 20005-3754

Purpose of Disbursement
service charges

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2018

FEC Identification Number

C
Transaction ID : BF562F57F3F
Amount of Each Disbursement this Period
17.55

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

3371.48
3371.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. 21st Century Majority Fund

Mailing Address 6065 Roswell Road, #2274
Box 2274

City Atlanta State GA Zip Code 30328-4011

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C
Transaction ID : BCD2ED642A
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ADAM SMITH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 578

City RENTON State WA Zip Code 98057

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Smith, Adam, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00304709
Transaction ID : B551812FA33
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ADAM SMITH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 578

City RENTON State WA Zip Code 98057

Purpose of Disbursement
VOID - Contribution for Federal Candidate

Candidate Name

Smith, Adam, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00304709
Transaction ID : B86B796305I
Amount of Each Disbursement this Period
- 1000.00

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. ADAM SMITH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 578

City
RENTON

State
WA

Zip Code
98057

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Smith, Adam, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00304709

Transaction ID : B81667A16A1
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City
Lexington

State
KY

Zip Code
40588

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Barr, Andy, , Rep., IV

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00467571

Transaction ID : B87ABC0859I
Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Andy Harris For Congress

Mailing Address PO Box 604

City
Bel Air

State
MD

Zip Code
21014

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Harris, Andy, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00435974

Transaction ID : B7FA9A66E8
Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Ann Wagner For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2018

Mailing Address PO Box 50

FEC Identification Number

C C00495846

City Ballwin State MO Zip Code 63022-0050

Transaction ID : B7EE16834C
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution For Federal Candidate

5000.00

Candidate Name

Wagner, Ann, L., Rep.,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: MO District: 02

Full Name (Last, First, Middle Initial)

B. ANTHONY GONZALEZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

Mailing Address 9856 ARCHER LANE

FEC Identification Number

C C00654079

City DUBLIN State OH Zip Code 43017

Transaction ID : B661D4A76F
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for Federal Candidate

1000.00

Candidate Name

Gonzalez, Anthony, E, ,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: OH District: 16

Full Name (Last, First, Middle Initial)

C. ARMSTRONG FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2018

Mailing Address 1515 BURNT BOAT DRIVE
BOX 112

FEC Identification Number

C C00670547

City BISMARCK State ND Zip Code 58503

Transaction ID : BD1D429B6E
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution to Federal Candidate

2500.00

Candidate Name

Armstrong, Kelly, , ,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: ND District: 00

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

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793-2530

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Scott, Austin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: GA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00482737
Transaction ID : B7C6F63034I
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara Lee For Congress

Mailing Address 409 13th St, 17th Fl

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Lee, Barbara, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00331769
Transaction ID : B5290EEA65I
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Cardin, Ben, L., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00411587
Transaction ID : B72529300D
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Bilirakis for Congress		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 610 S Boulevard		FEC Identification Number C00408534 Transaction ID : BE5292131B Amount of Each Disbursement this Period 2500.00	
City Tampa	State FL	Zip Code 33606-2647	Category/ Type
Purpose of Disbursement Contribution to Federal Candidate			
Candidate Name Bilirakis, Gus, M., Rep.,		Disbursement For: 2018	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 12	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Billy Long For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018	
Mailing Address 3246 E. Ridgeview Street		FEC Identification Number C00460063 Transaction ID : B7A615A94E! Amount of Each Disbursement this Period 2500.00	
City Springfield	State MO	Zip Code 65804-4076	Category/ Type
Purpose of Disbursement Contribution for Federal Candidate			
Candidate Name Long, Billy, , Rep.,		Disbursement For: 2018	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MO District: 07	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. BLUE MAJORITY PAC		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018	
Mailing Address PO BOX 327		FEC Identification Number C00529693 Transaction ID : BF1435B5C9 Amount of Each Disbursement this Period 5000.00	
City Madison	State WI	Zip Code 53701-0327	Category/ Type
Purpose of Disbursement Contribution For Federal Candidate			
Candidate Name BLUE MAJORITY PAC		Disbursement For: 2018	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State: District:	<input type="checkbox"/> Memo Item		

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

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Bluegrass Committee

Full Name (Last, First, Middle Initial)

Mailing Address 400 N Capitol Street., NW
Ste 585

City Washington State DC Zip Code 20001-1502

Purpose of Disbursement Contribution for Federal Candidate

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: District:

Date of Disbursement 09 / 20 / 2018

FEC Identification Number C

Transaction ID : B7F5F4F9EF1

Amount of Each Disbursement this Period 5000.00

Memo Item

B. BLUM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 2728 ASBURY ROAD SUITE 400

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement Contribution for Federal Candidate

Candidate Name Blum, Rodney, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: IA District: 01

Date of Disbursement 09 / 26 / 2018

FEC Identification Number C C00543926

Transaction ID : B7683F1D2A7

Amount of Each Disbursement this Period 1000.00

Memo Item

C. Bob Casey For Senate Inc

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement Contribution for Federal Candidate

Candidate Name Casey, Bob, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: PA District:

Date of Disbursement 09 / 14 / 2018

FEC Identification Number C C00431056

Transaction ID : BC966E069C

Amount of Each Disbursement this Period 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Brady For Congress		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO Box 8277		FEC Identification Number C00311043 Transaction ID : B98FCF5633f Amount of Each Disbursement this Period 5000.00
City The Woodlands	State TX	Zip Code 77387-8277
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Brady, Kevin, P., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 08	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. BRIAN FITZPATRICK FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO BOX 939		FEC Identification Number C00607416 Transaction ID : B26267EA5CI Amount of Each Disbursement this Period 2000.00
City LANGHORNE	State PA	Zip Code 19047
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Fitzpatrick, Brian, K., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 08	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Brian Higgins For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address P.O. Box 28		FEC Identification Number C00401034 Transaction ID : B5A66CA60s Amount of Each Disbursement this Period 1000.00
City Buffalo	State NY	Zip Code 14220
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Higgins, Brian, M., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 26	<input type="checkbox"/> Memo Item

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

8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. BUDDY PAC

Mailing Address 824 S MILLEDGE AVE STE 101

City Athens State GA Zip Code 30605-1332

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
BUDDY PAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00597062
Transaction ID : BC99FB4116
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUILDING A NATIONAL KNOWLEGEABLE SECURITY PAC

Mailing Address PO BOX 11463

City FORT WAYNE State IN Zip Code 46858

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
BUILDING A NATIONAL KNOWLEGEABLE SECURITY PAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00650267
Transaction ID : B93BDA31E4
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Byrne For Congress Inc

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Byrne, Bradley, R., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Other

State: AL District: 01

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00545673
Transaction ID : B46CE627BF
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. CARLOS CURBELO CONGRESS

Mailing Address 8724 SW 72ND STREET

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Curbelo, Carlos, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00546846
Transaction ID : BC9601CF52
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Castor, Kathy, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 14

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00410761
Transaction ID : B763E6F3E54
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Castro For Congress

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Castro, Joaquin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 20

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00497933
Transaction ID : BB6D3546E8
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
McMorris Rodgers, Cathy, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00390476

Transaction ID : BE9446E81D!
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City DEVON State PA Zip Code 19333

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Houlahan, Chrissy, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00637371

Transaction ID : B9B16FAF7!
Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CINDY HYDE-SMITH FOR US SENATE

Mailing Address PO BOX 2930

City JACKSON State MS Zip Code 39207

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Hyde-Smith, Cindy, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MS District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00675348

Transaction ID : B9E14E0590
Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Citizens For Boyle		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 11545		FEC Identification Number C00543363 Transaction ID : B50772C96C Amount of Each Disbursement this Period 1000.00
City Philadelphia	State PA	Zip Code 19116
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Boyle, Brendan, F., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 13	

Full Name (Last, First, Middle Initial) B. Clarke For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 111-36 200th. Street		FEC Identification Number C00415331 Transaction ID : B8759430640 Amount of Each Disbursement this Period 2500.00
City Hollis	State NY	Zip Code 11412
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Clarke, Yvette, D., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 09	

Full Name (Last, First, Middle Initial) C. Cole For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address P.O. Box 722256		FEC Identification Number C00379735 Transaction ID : BB795413FE Amount of Each Disbursement this Period 5000.00
City Norman	State OK	Zip Code 73070
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Cole, Tom, J., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OK	District: 04	

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

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Collins For Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 1295		FEC Identification Number C00502039 Transaction ID : BA0F8AF15B Amount of Each Disbursement this Period 1000.00
City Gainesville	State GA	Zip Code 30503-1295
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Collins, Doug, A., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 09	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Comm. To Re-Elect Nydia Velazquez		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 315 Inspiration Lane		FEC Identification Number C H2NY00010 Transaction ID : B89684DFF6I Amount of Each Disbursement this Period 2000.00
City Gaithersburg	State MD	Zip Code 20878
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Velazquez, Nydia, M., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. COMMITTEE TO RE-ELECT LINDA SANCHEZ		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address 410 1ST ST SE SUITE 310		FEC Identification Number C00384057 Transaction ID : BBD5B73A4I Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Sanchez, Linda, T., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 38	<input type="checkbox"/> Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2018

Mailing Address PO BOX 80505

FEC Identification Number

C C00480228

Transaction ID : B9E52305B2I

Amount of Each Disbursement this Period

2500.00

Memo Item

City
Baton Rouge

State
LA

Zip Code
70898-0505

Purpose of Disbursement
Contribution for Federal Candidate

Category/Type

Candidate Name
CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Other**

State: District:

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2018

Mailing Address PO Box 1372

FEC Identification Number

C C00410233

Transaction ID : B0F8D54DFC

Amount of Each Disbursement this Period

2500.00

Memo Item

City
Vernon

State
CT

Zip Code
06066

Purpose of Disbursement
Contribution for Federal Candidate

Category/Type

Candidate Name
Courtney, Joe, , Rep.,

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CT District: 02

Full Name (Last, First, Middle Initial)

C. Cramer For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2018

Mailing Address PO Box 396

FEC Identification Number

C C00504704

Transaction ID : BAB989BA9

Amount of Each Disbursement this Period

3500.00

Memo Item

City
Bismarck

State
ND

Zip Code
58502-0396

Purpose of Disbursement
Contribution For Federal Candidate

Category/Type

Candidate Name
Cramer, Kevin, J., Rep.,

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Other**

State: ND District:

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

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Dakota PAC

Mailing Address PO Box 15114

City: Arlington State: VA Zip Code: 22215

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Dakota PAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00493072

Transaction ID : **BF51B7078A**
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DAN CRENSHAW FOR CONGRESS

Mailing Address PO BOX 691325

City: HOUSTON State: TX Zip Code: 77269

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Crenshaw, Daniel, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: TX District: 02

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00660795

Transaction ID : **B54C7D25BF**
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DARREN SOTO FOR CONGRESS

Mailing Address 338 N MAGNOLIA AVENUE
SUITE D

City: ORLANDO State: FL Zip Code: 32801

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Soto, Darren, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00581074

Transaction ID : **BEC0B38B3**
Amount of Each Disbursement this Period

1000.00

Memo Item

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 Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. David Rouzer For Congress

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Rouzer, David, C., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NC District: 07

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00501643

Transaction ID : B4BE05BF89

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Wasserman Schultz, Debbie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 23

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00385773

Transaction ID : BB9A3F7B02

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DIANA DEGETTE FOR CONGRESS

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206-8337

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
DeGette, Diana, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CO District: 01

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00311639

Transaction ID : B7C8013830

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. DON BACON FOR CONGRESS

Mailing Address P.O. BOX 391368

City OMAHA State NE Zip Code 68139

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Bacon, Don, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00575167

Transaction ID : B3498A2988C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr Brian Babin For Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979-0159

Purpose of Disbursement
ERMK: Justin Norbo

Candidate Name
Babin, Brian, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) OTHER

State: TX District: 36

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00553859

Transaction ID : BD94E65591A

Amount of Each Disbursement this Period

200.00

ERMK: Justin Norbo. transmitted by check/EFT

Memo Item

Full Name (Last, First, Middle Initial)

C. Dr Brian Babin For Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979-0159

Purpose of Disbursement
ERMK: Charles McGinty

Candidate Name
Babin, Brian, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) OTHER

State: TX District: 36

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00553859

Transaction ID : B4409B0875:

Amount of Each Disbursement this Period

250.00

ERMK: Charles McGinty. transmitted by check/EFT

Memo Item

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

1450.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. DR JOHN JOYCE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address 1002 LOGAN BLVD STE 114 #237		FEC Identification Number C C00674259 Transaction ID : B3A21814EA
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement Contribution to Federal Candidate		Amount of Each Disbursement this Period 2500.00
Candidate Name Joyce, John, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 13	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DR KIM SCHRIER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address 3020 ISSAQUAH PINE LAKE RD SE BOX 331		FEC Identification Number C C00652628 Transaction ID : B5D182452E3
City SAMMAMISH	State WA	Zip Code 98075
Purpose of Disbursement Contribution for Federal Candidate		Amount of Each Disbursement this Period 2000.00
Candidate Name Schrier, Kim, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 08	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Dr. Raul Ruiz For Congress		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address PO Box 3433		FEC Identification Number C C00502575 Transaction ID : B7FB77B2C:
City Palm Desert	State CA	Zip Code 92261-3433
Purpose of Disbursement Contribution for Federal Candidate		Amount of Each Disbursement this Period 2000.00
Candidate Name Ruiz, Raul, , Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 36	<input type="checkbox"/> Memo Item

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

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Drew Ferguson for Congress

Mailing Address PO Box 387

City West Point State GA Zip Code 31833-0387

Purpose of Disbursement
ERMK: Justin Norbo

Candidate Name
Ferguson, Drew, , Rep., IV

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) OTHER
State: GA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00607838

Transaction ID : B0927707346

Amount of Each Disbursement this Period

200.00

Memo Item ERMK: Justin Norbo. transmitted by check/EFT

Full Name (Last, First, Middle Initial)

B. Emmer For Congress

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement
Contribution For Federal Candidate

Candidate Name
Emmer, Thomas, E., Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: MN District: 06

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2018

FEC Identification Number

C C00545749

Transaction ID : B786B45383L

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ESPAILLAT FOR CONGRESS 2018

Mailing Address P.O. BOX H

City NEW YORK State NY Zip Code 10034

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Espailat, Adriano, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: NY District: 13

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00635722

Transaction ID : BE3BA74532

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3200.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. FINKENAUER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address P.O. BOX 598		FEC Identification Number C 000637074 Transaction ID : BD255C9A77 Amount of Each Disbursement this Period 1000.00
City DUBUQUE	State IA	Zip Code 52004
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Finkenauer, Abby, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. French Hill For Arkansas		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 7841		FEC Identification Number C 000551275 Transaction ID : BCDB7A35B8 Amount of Each Disbursement this Period 2000.00
City Little Rock	State AR	Zip Code 72217
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Hill, French, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Friends Of Cheri Bustos		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address P.O. Box 77		FEC Identification Number C 000498568 Transaction ID : BAE237D5F1 Amount of Each Disbursement this Period 1000.00
City East Moline	State IL	Zip Code 61244
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Bustos, Cheri, L., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 17	<input type="checkbox"/> Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends Of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Murphy, Chris, S., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00492645

Transaction ID : B3AFD8C829

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF COLLIN PETERSON

Mailing Address PO BOX 703

City DETROIT LAKES State MN Zip Code 56501

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Peterson, Collin, C., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: MN District: 07

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2018

FEC Identification Number

C C00152686

Transaction ID : B6426E361C7

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Kildee, Dan, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00499947

Transaction ID : BE934BF943

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends Of Dave Joyce		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 320 Kenarden Drive		FEC Identification Number C 000527457 Transaction ID : B93752C4F0! Amount of Each Disbursement this Period 2000.00
City Cleveland	State OH	Zip Code 44143
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Joyce, Dave, P., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 14	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FRIENDS OF JAHANA HAYES		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO BOX 1487		FEC Identification Number C 000677898 Transaction ID : B05ED7A278! Amount of Each Disbursement this Period 2000.00
City WATERBURY	State CT	Zip Code 06721
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Hayes, Jahana, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CT	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Friends Of Jim Clyburn		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address Post Office Box 12567		FEC Identification Number C 000255562 Transaction ID : BC6DFA5D5! Amount of Each Disbursement this Period 2500.00
City Columbia	State SC	Zip Code 29211
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Clyburn, James, E., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District: 06	<input type="checkbox"/> Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Mazie Hirono

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C
Transaction ID : BBF1AB1061
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MICHAEL GUEST

Mailing Address POST OFFICE BOX 470

City BRANDON State MS Zip Code 39043

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Guest, Michael, Patrick, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MS District: 03

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00665752
Transaction ID : BEDB7764FF
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF NEAL DUNN

Mailing Address 2640A MITCHAM DRIVE

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Dunn, Neal, P., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 02

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00582304
Transaction ID : BD527DCE9!
Amount of Each Disbursement this Period
2000.00

Memo Item

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

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

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF RAJA FOR CONGRESS

Mailing Address PO BOX 681202

City Schaumburg State IL Zip Code 60168-1202

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Krishnamoorthi, Raja, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 08

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00575092

Transaction ID : B3A54D7970I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa Delauro

Mailing Address 129 Church St, Ste 818

City New Haven State CT Zip Code 06510-2005

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
DeLauro, Rosa, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: CT District: 03

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00238865

Transaction ID : B1C4C44C4F

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gallego For Arizona

Mailing Address PO Box 1710

City Phoenix State AZ Zip Code 85001-1710

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Gallego, Ruben, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: AZ District: 07

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00558627

Transaction ID : B5F66D8D27

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Garamendi For Congress

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Garamendi, John, R., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00462697
Transaction ID : B112674CC2I
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Holding, George, E.B., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NC District: 02

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00499236
Transaction ID : BD36EFB4DE
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gibbs For Congress

Mailing Address 13871 Tr 473

City Lakeville State OH Zip Code 44638

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Gibbs, Bob, B., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 07

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2018

FEC Identification Number

C C00466516
Transaction ID : B86B199F28
Amount of Each Disbursement this Period
1000.00

Memo Item

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 Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. GLENN GROTHMAN FOR CONGRESS

Mailing Address PO BOX 1215

City FOND DU LAC State WI Zip Code 54964

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Grothman, Glenn, S., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 06

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00561597

Transaction ID : B5F5B152477

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Grace For New York

Mailing Address 49-04 43rd Ave

City Woodside State NY Zip Code 11377-4472

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Meng, Grace, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: NY District: 06

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00516666

Transaction ID : BD691A39A5I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Green Mountain PAC

Mailing Address 10 G Street, NE
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C

Transaction ID : B52D60E822

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. GREG STEUBE CONGRESSIONAL COMMITTEE		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address P O BOX 51957		FEC Identification Number C C00671891 Transaction ID : B8E4B46A4D Amount of Each Disbursement this Period 5000.00
City SARASOTA	State FL	Zip Code 34232
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Steube, W., Greg, ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 17	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Guthrie For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address PO Box 9639		FEC Identification Number C C00445023 Transaction ID : B2E852A26A1 Amount of Each Disbursement this Period 2500.00
City Bowling Green	State KY	Zip Code 42102
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Guthrie, Brett, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Hal Rogers For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address P.O. Box 1214		FEC Identification Number C C00116632 Transaction ID : B6703C856B Amount of Each Disbursement this Period 5000.00
City Somerset	State KY	Zip Code 42502-1214
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Rogers, Hal, D., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 05	<input type="checkbox"/> Memo Item

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

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. HAVING UNWAVERING RESOLVE AND DETERMINATION PAC

Mailing Address PO BOX 762529

City SAN ANTONIO State TX Zip Code 78245

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
HAVING UNWAVERING RESOLVE AND DETERMINATION PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00605212
Transaction ID : BDAD69121F
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address PO Box 3218

City Johnson City State TN Zip Code 37602-3218

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Healthcare Freedom Fund

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00528414
Transaction ID : B646CB163C
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Hudson, Richard, L., Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: NC District: 08

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00504522
Transaction ID : BA226CAAD
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Huffman For Congress

Mailing Address PO Box 151563

City San Rafael State CA Zip Code 94915-1563

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Huffman, Jared, W., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00536680
Transaction ID : B3E1E97DC7
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ICE PAC

Mailing Address PO Box 44369 - 250 Prairie Center

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
ICE PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2018

FEC Identification Number

C C00484667
Transaction ID : BB6B55F60A
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IMPACT

Mailing Address 509 Madison Ave Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
IMPACT

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00348607
Transaction ID : BB132E470D
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Herrera Beutler, Jaime, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00472704

Transaction ID : B5B2F4F0E0
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Smith, Jason, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MO District: 08

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00541862

Transaction ID : BCB0F18B55
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Duncan, Jeff, D., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: SC District: 03

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00460550

Transaction ID : B84F483468
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Jim Jordan for Congress

Mailing Address 1709 State Route 560 S

City Urbana State OH Zip Code 43078-9637

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Jordan, Jim, D., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 04

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00416594
Transaction ID : B692DF9A12:
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Wilson, Joe, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: SC District: 02

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00368522
Transaction ID : B1ACEEF0B8
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Johnson, Bill, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00476820
Transaction ID : B2538BC3B5
Amount of Each Disbursement this Period
2500.00

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Judy Chu For Congress

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Chu, Judy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 27

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00458125

Transaction ID : B536472BBE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Katherine Clark For Congress

Mailing Address PO Box 361

City Malden State MA Zip Code 02148

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Clark, Katherine, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00541888

Transaction ID : B9ABDA8D53

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATKO FOR CONGRESS

Mailing Address 5407 ANVIL DRIVE

City Camillus State NY Zip Code 13031-8646

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Katko, John, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 24

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00556365

Transaction ID : BD12FBE3E1

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. KATKO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 5407 ANVIL DRIVE		FEC Identification Number C00556365 Transaction ID : B9C4136F8E1 Amount of Each Disbursement this Period - 2500.00
City Camillus	State NY	Zip Code 13031-8646
Purpose of Disbursement VOID - Contribution for Federal Candidate		Category/ Type
Candidate Name Katko, John, M., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 24	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. KATKO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 5407 ANVIL DRIVE		FEC Identification Number C00556365 Transaction ID : B4E3CDE01C Amount of Each Disbursement this Period 2500.00
City Camillus	State NY	Zip Code 13031-8646
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Katko, John, M., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 24	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. KEN PAC		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address PO Box 110187		FEC Identification Number C00594473 Transaction ID : B614DAA3B, Amount of Each Disbursement this Period 2000.00
City Carrllton	State TX	Zip Code 75011-0187
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name KEN PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State:	District:	<input type="checkbox"/> Memo Item

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

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

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Kenny Marchant For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2018

Mailing Address PO Box 110187

FEC Identification Number

C C00393348

Transaction ID : B8DE5D38F3
Amount of Each Disbursement this Period

2000.00

Memo Item

City: Carrollton State: TX Zip Code: 75011-0187

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Marchant, Kenny, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: TX District: 24

Full Name (Last, First, Middle Initial)

B. Kevin Mccarthy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address PO Box 12667

FEC Identification Number

C C00420935

Transaction ID : B62AA237D2!
Amount of Each Disbursement this Period

5000.00

Memo Item

City: Bakersfield State: CA Zip Code: 93389-2667

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
McCarthy, Kevin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 23

Full Name (Last, First, Middle Initial)

C. KIRKPATRICK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2018

Mailing Address PO BOX 3015

FEC Identification Number

C C00651042

Transaction ID : BAA6744F5E
Amount of Each Disbursement this Period

2000.00

Memo Item

City: TUCSON State: AZ Zip Code: 85702

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Kirkpatrick, Ann, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: AZ District: 02

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

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

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Klobuchar For Minnesota 2018

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Klobuchar, Amy, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District:

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number
C C00431353
Transaction ID : BA6AF3C9Df
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City Peoria State IL Zip Code 61612-0735

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
LaHood, Darin, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 18

Date of Disbursement
MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number
C C00575050
Transaction ID : B2F30330EEE
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City Peoria State IL Zip Code 61612-0735

Purpose of Disbursement
VOID - Contribution for Federal Candidate

Candidate Name
LaHood, Darin, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 18

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number
C C00575050
Transaction ID : B77C5E9A12
Amount of Each Disbursement this Period
- 1000.00

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City
Peoria

State
IL

Zip Code
61612-0735

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

LaHood, Darin, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00575050
Transaction ID : B885735B08
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Langevin For Congress

Mailing Address 181a Knight Street

City
Warwick

State
RI

Zip Code
02886-1296

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Langevin, Jim, R., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: RI District: 02

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00344697
Transaction ID : B1C049B7E5
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LARSON FOR CONGRESS

Mailing Address PO BOX 261172

City
HARTFORD

State
CT

Zip Code
06126-1172

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Larson, John, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00330142
Transaction ID : BFAAA6068
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. LISA BLUNT ROCHESTER FOR CONGRESS

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 19 / 2018

Mailing Address PO BOX 9767

FEC Identification Number

C C00590778

City WILMINGTON State DE Zip Code 19809

Transaction ID : B2D821D2BA
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for Federal Candidate

1000.00

Candidate Name

Blunt Rochester, Lisa, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DE District: 01

Memo Item

Full Name (Last, First, Middle Initial)

B. Loeb sack for Congress

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 19 / 2018

Mailing Address PO Box 2720

FEC Identification Number

C C00414318

City Cedar Rapids State IA Zip Code 52406-2720

Transaction ID : B02A3FCFF4
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for Federal Candidate

2500.00

Candidate Name

Loeb sack, Dave, W., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IA District: 02

Memo Item

Full Name (Last, First, Middle Initial)

C. MAD4PA PAC

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 14 / 2018

Mailing Address P.O. BOX 444

FEC Identification Number

C C00670844

City GLENSIDE State PA Zip Code 19038

Transaction ID : B1478521B9
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution to Federal Candidate

2000.00

Candidate Name

Dean, Madeleine, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 04

Memo Item

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

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

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	8

Mailing Address PO BOX 3241

FEC Identification Number

C C00409276

Transaction ID : B892D7B776I

Amount of Each Disbursement this Period

5000.00

Memo Item

City Brentwood State TN Zip Code 37024-3241

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other
State: District:

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	8

Mailing Address PO Box 327

FEC Identification Number

C C00502179

Transaction ID : B33EA28BF3I

Amount of Each Disbursement this Period

5000.00

Memo Item

City Madison State WI Zip Code 53701-0327

Purpose of Disbursement
Contribution For Federal Candidate

Candidate Name
Pocan, Mark, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: WI District: 02

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn for Congress, Inc

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	8

Mailing Address PO Box 682185

FEC Identification Number

C H2TN06030

Transaction ID : B826932608I

Amount of Each Disbursement this Period

5000.00

Memo Item

City Franklin State TN Zip Code 37068-2185

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Blackburn, Marsha, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other
State: TN District: 07

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

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

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Martha Roby For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101-0195

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Roby, Martha, , Rep.,

Office Sought: House Senate President
State: AL District: 02

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: **C00462143**
Transaction ID : **B28B420789I**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MAST FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3016

City STUART State FL Zip Code 34995

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Mast, Brian, , Rep.,

Office Sought: House Senate President
State: FL District: 18

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: **C00632257**
Transaction ID : **BD3CF206D4I**
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Mccollum For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
McCollum, Betty, , Rep.,

Office Sought: House Senate President
State: MN District: 04

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 17 / 2018

FEC Identification Number: **C00354688**
Transaction ID : **B448528869I**
Amount of Each Disbursement this Period: 2500.00

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Mchenry For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
McHenry, Patrick, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NC District: 10

Date of Disbursement: 09 / 10 / 2018

FEC Identification Number: C00393629
Transaction ID : BCD8FE8E1C
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Meadows For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 811

City Hendersonville State NC Zip Code 28793

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Meadows, Mark, R., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NC District: 11

Date of Disbursement: 09 / 10 / 2018

FEC Identification Number: C00503094
Transaction ID : BC03FD5346
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. MEUSER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1892

City SHAVERTOWN State PA Zip Code 18708

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Meuser, Daniel, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 09

Date of Disbursement: 09 / 19 / 2018

FEC Identification Number: C00654723
Transaction ID : BBD7498F7C
Amount of Each Disbursement this Period: 2000.00

Memo Item

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

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

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. MICHAEL WALTZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

Mailing Address 437 OCEAN GROVE CIRCLE

FEC Identification Number

C	C00666396
Transaction ID : B3FD7D63D5	
Amount of Each Disbursement this Period	
	5000.00

City ST AUGUSTINE State FL Zip Code 32080

Purpose of Disbursement
Contribution for Federal Candidate

Category/Type

Candidate Name
Waltz, Michael, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: FL District: 06

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Bishop For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2018

Mailing Address PO Box 1148

FEC Identification Number

C	C00561001
Transaction ID : BFE4B61F71	
Amount of Each Disbursement this Period	
	2500.00

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Contribution for Federal Candidate

Category/Type

Candidate Name
Bishop, Michael, D., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: MI District: 08

Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE BRAUN FOR INDIANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

Mailing Address PO BOX 159

FEC Identification Number

C	C00653147
Transaction ID : BD57B81D1C	
Amount of Each Disbursement this Period	
	2500.00

City ZIONSVILLE State IN Zip Code 46077

Purpose of Disbursement
Contribution for Federal Candidate

Category/Type

Candidate Name
Braun, Mike, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: IN District:

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. MIKE GALLAGHER FOR WISCONSIN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address PO BOX 1027

FEC Identification Number

C	C00610212
---	-----------

City GREEN BAY State WI Zip Code 54305

Transaction ID : BD02F0FD39
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for Federal Candidate

5000.00

Candidate Name

Gallagher, Michael, J., Rep.,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: WI District: 08

Full Name (Last, First, Middle Initial)
B. MIKE JOHNSON FOR LOUISIANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2018

Mailing Address 2900 CLEARVIEW PKWY
SUITE 206

FEC Identification Number

C	C00608695
---	-----------

City METAIRIE State LA Zip Code 70006

Transaction ID : B89F0F33EE
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for Federal Candidate

1000.00

Candidate Name

Johnson, Mike, , Rep.,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: LA District: 04

Full Name (Last, First, Middle Initial)
C. Mike Kelly For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2018

Mailing Address PO Box 476

FEC Identification Number

C	C00474189
---	-----------

City Lyndora State PA Zip Code 16045-0476

Transaction ID : BB104CB10E
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for Federal Candidate

2500.00

Candidate Name

Kelly, Mike, , Rep., Jr.

Category/
Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: PA District: 16

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

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

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Mike Thompson For Congress		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 5429 Madison Avenue		FEC Identification Number C00326363 Transaction ID : BD2FE7DE6E Amount of Each Disbursement this Period 1000.00
City Sacramento	State CA	Zip Code 95841
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Thompson, Mike, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Mike Thompson For Congress		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address 5429 Madison Avenue		FEC Identification Number C00326363 Transaction ID : B8E1DA49B5 Amount of Each Disbursement this Period 2000.00
City Sacramento	State CA	Zip Code 95841
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Thompson, Mike, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. More Conservatives PAC (MCPAC)		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address Po Box 1406		FEC Identification Number C00426882 Transaction ID : B7F9FEEB63 Amount of Each Disbursement this Period 5000.00
City Hickory	State NC	Zip Code 28603-1406
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name More Conservatives PAC (MCPAC)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

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

8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068-0361

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Griffith, Morgan, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00477240
Transaction ID : B58158407EE
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mullin For Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402-3681

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Mullin, Markwayne, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify)

State: OK District: 02

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00498345
Transaction ID : B47CF98E604
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605-0271

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Lowey, Nita, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: NY District: 17

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00219881
Transaction ID : B1479634265
Amount of Each Disbursement this Period
5000.00

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Olson For Congress Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 16381

M M M	/	D D D	/	Y Y Y Y Y
09		20		2018

City Sugar Land State TX Zip Code 77496-6381

FEC Identification Number

Purpose of Disbursement
Contribution for Federal Candidate

C	C00437913
---	-----------

Candidate Name
Olson, Pete, G., Rep.,

Category/
Type

Transaction ID : B1BE27B2D1

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: TX District: 22

2500.00

Memo Item

B. OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1053

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

City BLOOMINGTON State IN Zip Code 47402

FEC Identification Number

Purpose of Disbursement
Contribution for Federal Candidate

C	C00551853
---	-----------

Candidate Name
OORAH! POLITICAL ACTION COMMITTEE

Category/
Type

Transaction ID : B337A254AA:

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018
 Other (specify) Other
State: District:

2500.00

Memo Item

C. Palazzo For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 13155 Highway 67 Suite B

M M M	/	D D D	/	Y Y Y Y Y
09		19		2018

City Biloxi State MS Zip Code 39532

FEC Identification Number

Purpose of Disbursement
Contribution for Federal Candidate

C	C00477323
---	-----------

Candidate Name
Palazzo, Steven, M., Rep.,

Category/
Type

Transaction ID : BABA008B01

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: MS District: 04

1000.00

Memo Item

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

6000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Patriots For Perry

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Perry, Scott, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: PA District: 04

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00510164
Transaction ID : BB808C2035I
Amount of Each Disbursement this Period
1000.00

Memo Item

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
Contribution for Federal Candidate

Candidate Name
Gosar, Paul, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: AZ District: 04

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00461806
Transaction ID : BC129CF1AD
Amount of Each Disbursement this Period
5000.00

Memo Item

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: Charles McGinty

Candidate Name
Gosar, Paul, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼ OTHER
State: AZ District: 04

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00461806
Transaction ID : B4125F189B
Amount of Each Disbursement this Period
300.00

Memo Item ERMK: Charles McGinty, transmitted by check/EFT

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

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

6300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PELICAN PAC

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

Mailing Address 2900 CLEARVIEW PARKWAY SUITE 206

FEC Identification Number

C C00634774

City Metairie State LA Zip Code 70006-6532

Transaction ID : BA2C31CD21
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for Federal Candidate

Category/Type

1000.00

Candidate Name

PELICAN PAC

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Other

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. People For Ben

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

Mailing Address PO Box 31129

FEC Identification Number

C C00443689

City Santa Fe State NM Zip Code 87594-1129

Transaction ID : BE8A830A25
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for Federal Candidate

Category/Type

5000.00

Candidate Name

Lujan, Ben, Ray, Rep., Jr.

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

State: NM District: 03

Full Name (Last, First, Middle Initial)

C. People For Ben

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

Mailing Address PO Box 31129

FEC Identification Number

C C00443689

City Santa Fe State NM Zip Code 87594-1129

Transaction ID : BE1A79F231
Amount of Each Disbursement this Period

Purpose of Disbursement
VOID - Contribution for Federal Candidate

Category/Type

- 5000.00

Candidate Name

Lujan, Ben, Ray, Rep., Jr.

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

State: NM District: 03

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

1000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. People For Derek Kilmer

Mailing Address PO Box 1574

City
Gig Harbor

State
WA

Zip Code
98335

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Kilmer, Derek, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	8

FEC Identification Number

C C00514893

Transaction ID : B9CE542DC6

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Aguilar For Congress

Mailing Address PO Box 10954

City
San Bernadino

State
CA

Zip Code
92423

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Aguilar, Peter, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	8

FEC Identification Number

C C00510461

Transaction ID : B4B28C8EF8

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PETE PAC

Mailing Address 7804 Evening Lane

City
Alexandria

State
VA

Zip Code
22306

Purpose of Disbursement
Contribution For Federal Candidate

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	8

FEC Identification Number

C

Transaction ID : BB7FCFC2A

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Pete Sessions For Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Sessions, Pete, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: TX District: 32

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00303305
Transaction ID : B5D5BC334D
Amount of Each Disbursement this Period
3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pineapple PAC

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003-0293

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Pineapple PAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) Other

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00539601
Transaction ID : B3928111B2A
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PORT PAC

Mailing Address 900 19th Street, NW
Eighth Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
PORT PAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) Other

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00458463
Transaction ID : B5744991C4I
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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

10500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Quigley For Congress

Mailing Address PO Box 13040

City Chicago State IL Zip Code 60613-0040

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Quigley, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: IL District: 05

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00457556
Transaction ID : B47BF94CBC
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Randy Hultgren For Congress

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Hultgren, Randy, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify)

State: IL District: 14

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00467522
Transaction ID : B44BFB8A2D
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C
Transaction ID : B36728E2B9
Amount of Each Disbursement this Period
5000.00

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Richard E. Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Neal, Richard, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C H8MA02041
Transaction ID : BD23CAC78I
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rob Woodall For Congress

Mailing Address Post Office Box 1871

City Lawrenceville State GA Zip Code 30046

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Woodall, Rob, , Rep., III

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: GA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00482307
Transaction ID : BECAE3DC7I
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Robin Kelly For Congress

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Kelly, Robin, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00539866
Transaction ID : B47610454E;
Amount of Each Disbursement this Period
2500.00

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Rodney For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address PO Box 344		FEC Identification Number C 000521948 Transaction ID : BBA4B841D8
City Taylorville	State IL	Zip Code 62568-0344
Purpose of Disbursement Contribution for Federal Candidate		Amount of Each Disbursement this Period 2000.00
Candidate Name Davis, Rodney, L., Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 13	

Full Name (Last, First, Middle Initial) B. RON ESTES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 12224 E BRACKEN CT		FEC Identification Number C 000632067 Transaction ID : B836202FBD!
City Wichita	State KS	Zip Code 67206-4126
Purpose of Disbursement Contribution for Federal Candidate		Amount of Each Disbursement this Period 2000.00
Candidate Name Estes, Ron, , Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: KS	District: 04	

Full Name (Last, First, Middle Initial) C. ROSKAM PAC		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 1006 Pendleton St.		FEC Identification Number C Transaction ID : B82BB288AE
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Contribution for Federal Candidate		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	Other

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. ROSS SPANO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address 10101 BLOOMINGDALE AVENUE SUITE 201		FEC Identification Number C 000676668 Transaction ID : B0601A616B Amount of Each Disbursement this Period 2500.00
City RIVERVIEW	State FL	Zip Code 33578
Purpose of Disbursement Contribution for Federal Candidate		Category/Type
Candidate Name Spano, Vincent, Ross, ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 15	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. SCOTT FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address POST OFFICE BOX 251		FEC Identification Number C 000256925 Transaction ID : B6997387C1E Amount of Each Disbursement this Period 2500.00
City NEWPORT NEWS	State VA	Zip Code 23607
Purpose of Disbursement Contribution for Federal Candidate		Category/Type
Candidate Name Scott, Bobby, C., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Scott Peters For Congress		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address PO Box 70980		FEC Identification Number C 000503110 Transaction ID : B4FD9D7FE Amount of Each Disbursement this Period 2000.00
City Washington	State DC	Zip Code 20024
Purpose of Disbursement Contribution for Federal Candidate		Category/Type
Candidate Name Peters, Scott, H., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 52	<input type="checkbox"/> Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Sinema For Arizona

Mailing Address PO Box 7586

City Phoenix State AZ Zip Code 85011-7586

Purpose of Disbursement
VOID - Contribution for Federal Candidate

Candidate Name
Sinema, Kyrsten, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00508804

Transaction ID : B2B3D36A25

Amount of Each Disbursement this Period

- 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sinema For Arizona

Mailing Address PO Box 7586

City Phoenix State AZ Zip Code 85011-7586

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Sinema, Kyrsten, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify)

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00508804

Transaction ID : B6235BD9F7/

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Sinema For Arizona

Mailing Address PO Box 7586

City Phoenix State AZ Zip Code 85011-7586

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sinema, Kyrsten, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00508804

Transaction ID : B255DF1B65

Amount of Each Disbursement this Period

5000.00

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. STEIL FOR WISCONSIN, INC.

Mailing Address 1818 MILTON AVENUE #1448

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Steil, Bryan, George, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WI District: 01

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00677286
Transaction ID : B6604120F57
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHANIE MURPHY FOR CONGRESS

Mailing Address PO BOX 205

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Murphy, Stephanie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 07

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00620443
Transaction ID : B38F0FF2F7A
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Chabot For Congress

Mailing Address 3030 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Chabot, Steve, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 01

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00301838
Transaction ID : B3C2A3AB7;
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. STEVE KNIGHT FOR CONGRESS

Mailing Address PO BOX 991

City LANCASTER State CA Zip Code 93584

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Knight, Steve, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 25

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00554014
Transaction ID : B14D007CAF
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TENN PAC

Mailing Address 228 S. Washington Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
TENN PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00388421
Transaction ID : BD9F77354AI
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street Suite 200

City Laredo State TX Zip Code 78040-4412

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Cuellar, Henry, R., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 28

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00371302
Transaction ID : BD0234553F
Amount of Each Disbursement this Period
2500.00

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. TREY FOR CONGRESS

Mailing Address PO BOX 421

City JEFFERSONVILLE State IN Zip Code 47130

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Hollingsworth, Trey, , Rep., III

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District: 09

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00590463
Transaction ID : BB9CD2825C
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TURQUOISE PAC

Mailing Address 1050 17TH STREET, NW
SUITE 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
TURQUOISE PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00517235
Transaction ID : B205EFFB98
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TURQUOISE PAC

Mailing Address 1050 17TH STREET, NW
SUITE 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
VOID - Contribution for Federal Candidate

Candidate Name
TURQUOISE PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00517235
Transaction ID : B30F740F3B
Amount of Each Disbursement this Period
- 5000.00

Memo Item

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

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

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Valadao For Congress

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Valadao, David, G., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 21

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00499392
Transaction ID : B42E1FD8EF
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia Foxx For Congress

Mailing Address P.O. Box 1100

City Clemmons State NC Zip Code 27012

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Foxx, Virginia, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NC District: 05

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00386748
Transaction ID : BA3C0AD15C
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walberg for Congress

Mailing Address 6769 Teachout Road

City Tipton State MI Zip Code 49287-9807

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Walberg, Tim, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District: 07

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2018

FEC Identification Number

C C00390724
Transaction ID : B3631A025D
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546-0954

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Walorski, Jackie, Swihart, Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00468579
Transaction ID : B05B3AEF1A
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walters For Congress

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Walters, Mimi, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00546853
Transaction ID : B4C4BEDDDI
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402-1682

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Welch, Peter, F., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: VT District: 01

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C C00413179
Transaction ID : B12E644846
Amount of Each Disbursement this Period
1000.00

Memo Item

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 Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Wenstrup For Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address PO Box 9551		FEC Identification Number C00497818 Transaction ID : B76F5EC9F8. Amount of Each Disbursement this Period 1000.00
City Cincinnati	State OH	Zip Code 45209
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Wenstrup, Brad, R., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Young For Iowa, Inc.		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO Box 162		FEC Identification Number C00545616 Transaction ID : BECD32AEBI Amount of Each Disbursement this Period 2500.00
City Van Meter	State IA	Zip Code 50261
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Young, David, E., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. YOUNG KIM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address PO BOX 2186		FEC Identification Number C00665638 Transaction ID : BB087C7A83 Amount of Each Disbursement this Period 1000.00
City FULLERTON	State CA	Zip Code 92837
Purpose of Disbursement Contribution for Federal Candidate		Category/ Type
Candidate Name Kim, Young, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 39	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Zeldin For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement
Contribution for Federal Candidate

Candidate Name
Zeldin, Lee, M., Rep.,

Office Sought: House Senate President
State: NY District: 01

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number
C C00552547
Transaction ID : B9B22CBE09

Amount of Each Disbursement this Period
2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

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

2500.00
401950.00