

**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 31 |
| | <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 SPEECH-LANGUAGE-HEARING ASSOCIATION PAC (ASHA PAC)

A. Dr. Doreen G Oyadomari
 Full Name (Last, First, Middle Initial)
 Mailing Address 4652 South Lakeridge Drive
 City Hoover State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Board Member Nat'l Council of
 Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2015
Transaction ID : SA11AI.7468
 Amount of Each Receipt this Period 250.00

B. Dr. Arlene A Pietranton
 Full Name (Last, First, Middle Initial)
 Mailing Address ASHA
 2200 Research Boulevard, #200
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Speech-Language-Heari
 Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2015
Transaction ID : SA11AI.7414
 Amount of Each Receipt this Period 250.00

C. Dr. Mary H Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address Southern Connecticut State Univ
 Communication Disorders
 City New Haven State CT Zip Code 06515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Connecticut State Uni
 Occupation Speech Language Pathology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt 05 / 28 / 2015
Transaction ID : SA11AI.8232
 Amount of Each Receipt this Period 120.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 620.00 |
| TOTAL This Period (last page this line number only).....▶ | |