

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

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

FOR LINE NUMBER: PAGE 15 OF 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Ira Sturman
Full Name (Last, First, Middle Initial)

Mailing Address 142-04 Bayside Avenue

City Flushing State NY Zip Code 11354

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 18 / 2015
Transaction ID : SA11AI.27603

Amount of Each Receipt this Period
250.00

B. Harold Tu
Full Name (Last, First, Middle Initial)

Mailing Address 515 Delaware St SE
174 Moost

City Minneapolis State MN Zip Code 55455

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

Name of Employer Occupation
University of Minnesota Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 22 / 2015
Transaction ID : SA11AI.27604

Amount of Each Receipt this Period
250.00

C. William Whitlow
Full Name (Last, First, Middle Initial)

Mailing Address 2301 N Waldron

City Hutchinson State KS Zip Code 67502

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

Name of Employer Occupation
W R Whitlow DDS PA Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 17 / 2015
Transaction ID : SA11AI.27607

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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