

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

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

FOR LINE NUMBER: PAGE 17 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Stanley David Halpern
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 Perrington Pointe
 City State Zip Code
 Marietta GA 30066-8708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed 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
 05 / 19 / 2014
Transaction ID : 12467942
 Amount of Each Receipt this Period
 250.00

B. Dr Henry B. Howard Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3460 Kingsboro Rd NE Apt 447
 City State Zip Code
 Atlanta GA 30326-3304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 12467944
 Amount of Each Receipt this Period
 375.00

C. Dr Michael Parry Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 1859 Loma Linda St
 City State Zip Code
 Sarasota FL 34239-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed 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
 05 / 19 / 2014
Transaction ID : 12467946
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
TOTAL This Period (last page this line number only)..... ▶