

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

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

FOR LINE NUMBER: PAGE 35 OF 201
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Dr. James M. Crouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 22786 Nanticoke Rd
 City State Zip Code
 Quantico MD 21856-2043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 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
 07 / 11 / 2013
Transaction ID : 8659203
 Amount of Each Receipt this Period
 250.00

B. Dr. James Edward Kelley II
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 Sanibel St
 City State Zip Code
 Mount Pleasant SC 29464-7606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed
 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
 07 / 17 / 2013
Transaction ID : 8666549
 Amount of Each Receipt this Period
 250.00

C. Dr. Kerry W. Kirsch
 Full Name (Last, First, Middle Initial)
 Mailing Address 928 Winterset Rd
 City State Zip Code
 Ebensburg PA 15931-5115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 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
 07 / 16 / 2013
Transaction ID : 8666556
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶