

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

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

FOR LINE NUMBER: PAGE 16 OF 174
(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. Gary O. Inman
 Full Name (Last, First, Middle Initial)
 Mailing Address 338 Briarwood Cir
 City Elizabethtown State KY Zip Code 42701-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 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
 07 / 08 / 2014
Transaction ID : 9656492
 Amount of Each Receipt this Period
 1000.00

B. Dr. David Cortopassi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Stonebridge Ct
 City Wheaton State IL Zip Code 60189-7100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation 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 / 08 / 2014
Transaction ID : 9656493
 Amount of Each Receipt this Period
 250.00

C. Dr. Martha Mejia-Maidl
 Full Name (Last, First, Middle Initial)
 Mailing Address 446 Country Oaks Dr
 City El Paso State TX Zip Code 79932-3141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation 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 / 08 / 2014
Transaction ID : 9656494
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶