

**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 81 OF 116
	<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 ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Dr. Michael J. Bernard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1670 Ashford Cir Ne
 City North Canton State OH Zip Code 44720-1752
 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 **500.00**

Date of Receipt **08 / 03 / 2015**
Transaction ID : 10517110
 Amount of Each Receipt this Period **500.00**

B. Dr. Emma M. DiCarlo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4517 Ihles Rd
 City Lake Charles State LA Zip Code 70605-3959
 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 **08 / 03 / 2015**
Transaction ID : 10517119
 Amount of Each Receipt this Period **250.00**

c. Dr. George J. Sabol III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1509 Oak Hill Ct
 City Virginia Beach State VA Zip Code 23454-3130
 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 **525.00**

Date of Receipt **08 / 03 / 2015**
Transaction ID : 10517125
 Amount of Each Receipt this Period **525.00**

SUBTOTAL of Receipts This Page (optional).....	1275.00
TOTAL This Period (last page this line number only).....	