

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 88
	<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. Full Name (Last, First, Middle Initial)
Dr. David G. Haas

Mailing Address 1732 Granger Rd

City State Zip Code
Medina OH 44256

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: R13532

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Richard Furman Hewitt

Mailing Address 515 Huntington Rd

City State Zip Code
Greenville SC 29615

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: R13640

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Brett Joseph Hill

Mailing Address 138 Royal Pointe Way

City State Zip Code
 Mooresville NC 28117

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 2 / 2 0 0 6

Transaction ID: R13628

Amount of Each Receipt this Period
250.00

Check

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