

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

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

FOR LINE NUMBER: PAGE 145 OF 233  
(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 William L Ingram**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2607 Hickory Flats Trl SE  
 City Huntsville State AL Zip Code 35801-1432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation 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  
 10 / 10 / 2014  
**Transaction ID : 12788920**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Paul T Kempf Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4935 Rose Ave  
 City Downers Grove State IL Zip Code 60515-3202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation 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  
 10 / 10 / 2014  
**Transaction ID : 12788922**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Fred Olsen III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7250 W Laurel Ln  
 City Peoria State AZ Zip Code 85345-8787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation 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  
 10 / 10 / 2014  
**Transaction ID : 12788924**  
 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)..... ▶