

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

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

FOR LINE NUMBER: PAGE 11 / 34  
(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.** Full Name (Last, First, Middle Initial)  
Mrs. Sherry Cohlmia  
Mailing Address 13000 Burnt Oak Road  
City Oklahoma City State OK Zip Code 73120-8940  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Raymond Cohlmia, DDS Occupation bookkeeper  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 06 / 28 / 2010  
Transaction ID: 9226592  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Edward John Vigna  
Mailing Address 3600 S 40th St  
City Lincoln State NE Zip Code 68506-4201  
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 ▼ 500.00  
Date of Receipt 06 / 28 / 2010  
Transaction ID: 9226593  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Robert A Faiella  
Mailing Address 39 Eaglestone Way  
City Cotuit State MA Zip Code 02635-2826  
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 ▼ 500.00  
Date of Receipt 06 / 28 / 2010  
Transaction ID: 9226594  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►