

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

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

FOR LINE NUMBER: PAGE 8 OF 27
(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. Bernard Asdell
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 N Michigan St Ste 300
 City South Bend State IN Zip Code 46601-1070
 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
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : A93DF262BF78448EA9EC
 Amount of Each Receipt this Period
 500.00

B. Dr. Joel Julio Vela
 Full Name (Last, First, Middle Initial)
 Mailing Address 6750 West Loop S Suite 795
 City Bellaire State TX Zip Code 77401-4108
 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
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : AEE47BBE6B45A4D4A9FA
 Amount of Each Receipt this Period
 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	2915.00