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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Bruce Hochstadter
Mailing Address: 444 N Northwest Hwy, Suite 325
City: Park Ridge State: IL Zip Code: 60068
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Oral Sugeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11/11/2015
Transaction ID : SA11AI.28091
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): C William Hoekstra
Mailing Address: 12350 Riley St
City: Holland State: MI Zip Code: 49424
FEC ID number of contributing federal political committee: C
Name of Employer: West Michigan Oral & Maxillofa
Occupation: Oral Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11/11/2015
Transaction ID : SA11AI.28092
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Randolph Holly
Mailing Address: 1003 Monroe Street
City: Endicott State: NY Zip Code: 13760
FEC ID number of contributing federal political committee: C
Name of Employer: Associates in OMS
Occupation: Oral Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/11/2015
Transaction ID : SA11AI.28093
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶