

**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)	PAGE 54 OF 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Dental Association Political Action Committee

A. Dr Clelan George Ehrler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1316 Knoll Rd
 City Redlands State CA Zip Code 92373-7033
 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
 11 / 06 / 2015
Transaction ID : AE72EED148DA0439FB2A
 Amount of Each Receipt this Period
250.00

B. Dr David Eichler
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Eagle Ridge Rd
 City Fairbanks State AK Zip Code 99712-1225
 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
 11 / 08 / 2015
Transaction ID : A83E2B55ABC3448578F1
 Amount of Each Receipt this Period
250.00

C. Dr Andrea Burger Elenbaas
 Full Name (Last, First, Middle Initial)
 Mailing Address 11433 Azalea Trce
 City Gulfport State MS Zip Code 39503-8362
 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
 11 / 07 / 2015
Transaction ID : A3D30ACBEA5CE4972ABF
 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).....