

**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 126  
(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 Gary L Crawford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 79 N Palisades Dr  
 City Orem State UT Zip Code 84097-8218  
 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 10 / 03 / 2011  
**Transaction ID : 10312187**  
 Amount of Each Receipt this Period 500.00

**B. Dr David T Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7324 Anton Cir NE  
 City Albuquerque State NM Zip Code 87122-3379  
 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 10 / 03 / 2011  
**Transaction ID : 10312188**  
 Amount of Each Receipt this Period 500.00

**C. Dr Kennedy Wood Merritt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 Tanning Way  
 City Clovis State NM Zip Code 88101-2324  
 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 ▼ 700.00

Date of Receipt 10 / 03 / 2011  
**Transaction ID : 10312189**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶