

**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 43 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Pediatric Dentistry Political Action Committee**

**A. Dr. Kirby C. Hoetker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Stonecrest Rd Ste 1  
 City State Zip Code  
 Shelbyville KY 40065-8165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatric Dentistry of Shelbyville Pediatric Dentist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2014  
**Transaction ID : SA11AI.17964**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Craig S. Hollander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1911 Kings Row Mnr  
 City State Zip Code  
 Saint Louis MO 63146-6026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-employed Pediatric Dentist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2014  
**Transaction ID : SA11AI.17692**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Robert L. Hollowell III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2824 Rogers Rd Ste 201  
 City State Zip Code  
 Wake Forest NC 27587-3896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carolina Pediatric Dentistry Pediatric Dentist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2014  
**Transaction ID : SA11AI.17706**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	