

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 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cherry, Brian, , ,

Mailing Address 225 Halton Rd
 Ste B

City
 Greenville

State
 SC

Zip Code
 29607

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Cherry Orchard Oral & Implant

Occupation (for Individual)
 Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2019

Transaction ID : SA11AI.31867

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cohen, Scott, , ,

Mailing Address 35 W Main St
 Ste 101

City
 Denville

State
 NJ

Zip Code
 07834

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Denville Oral & Maxillofacial

Occupation (for Individual)
 Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2019

Transaction ID : SA11AI.31868

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cyr, Jeffrey, , ,

Mailing Address 5942 Harbour Park Dr

City
 Midlothian

State
 VA

Zip Code
 23112

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Self Employed

Occupation (for Individual)
 Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2019

Transaction ID : SA11AI.31870

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1125.00

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