

# **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)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

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

**A. Smith, Amy, G., Dr.,**

Mailing Address 54 Westwood Dr

City  
Parkersburg

State  
WV

Zip Code  
26101-8646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : 12491586**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Miller, Paul, E., Dr.,**

Mailing Address 4906 Pebble Beach Dr

City  
Quincy

State  
IL

Zip Code  
62305-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : 12491594**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Arpino, Vincent, J., Dr.,**

Mailing Address 718 Mullady Pkwy

City  
Libertyville

State  
IL

Zip Code  
60048-3778

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2017

**Transaction ID : 12538315**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$500.00 This  
changes the YTD Total to \$1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

600.00