

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 34

(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

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

A. Trotter, Bradley, S, Dr.,

Mailing Address 502 N 6th Ave

595 Old Wagner Rd

City

Hopewell

State

VA

Zip Code

23860-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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
01 / 11 / 2019

Transaction ID : A2A9827A55E564CE7A2A

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Vogel, Jonathan, C, Dr.,

Mailing Address 3208 Elizabeth St

Apt 3407

City

Dallas

State

TX

Zip Code

75204-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pacific Dental ServicesOccupation (for Individual)
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
01 / 19 / 2019

Transaction ID : AB93BBFBAD35942608A7

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Volland, Lawrence, E, Dr.,

Mailing Address 115 Professional Pkwy

City

Lockport

State

NY

Zip Code

14094-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2019

Transaction ID : A9EEEC7D474C946FCBB9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1500.00

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