

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

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

FOR LINE NUMBER: PAGE 9 OF 31

(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 Dental Association Political Action Committee

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

A. Hill, Rodney, C, Dr.,

Mailing Address 211 W 9th St

City
CasperState
WYZip Code
82601-3780FEC 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 / D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : A9AEB7553F9946408A8

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Howell, Christine, Danielle, Dr.,

Mailing Address 5837 Harbour View Blvd
Unit 1209City
SuffolkState
VAZip Code
23435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Howell DentistryOccupation (for Individual)
Dentist

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
03 / 05 / 2020

Transaction ID : A8B581023D236434D847

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Kerr, David, R, Dr.,

Mailing Address 26 Middle Rd

City
FalmouthState
MEZip Code
04105FEC 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 ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2020

Transaction ID : A3C31623D60F04CF8B70

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

1333.33

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