

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

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

A. Paynich, Joshua D., , Dr.,

Mailing Address 11 Yorkshire Street

City
AshevilleState
NCZip Code
28803-2893FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2018

Transaction ID : SA11AI.20918

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Perry, Carmella B., , Dr.,

Mailing Address 2711 Flossmoor Rd

City
FlossmoorState
ILZip Code
60422-1141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Every Tooth Counts PD CenterOccupation (for Individual)
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2018

Transaction ID : SA11AI.20938

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Peterson, Steven, D., , Dr.,

Mailing Address 5536 Lake Mendota Dr

City
MadisonState
WIZip Code
53705-1247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

General Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2018

Transaction ID : SA11AI.20837

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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