

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

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

FOR LINE NUMBER: PAGE 29 OF 96
(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. Goodman, Scott D., , Dr.,

Mailing Address 1340 Matthews Township Pkwy Ste 20

City
Matthews

State
NC

Zip Code
28105-4681

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ped. Dentistry of Matthews

Occupation (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
07 / 22 / 2019

Transaction ID : SA11AI.21810

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gordon, Michael L., , Dr.,

Mailing Address 3544 Springdale Rd

City
Cincinnati

State
OH

Zip Code
45251-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (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
09 / 03 / 2019

Transaction ID : SA11AI.21945

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Green, Tiffany P., , Dr.,

Mailing Address 101 Luckney Station Rd

City
Flowood

State
MS

Zip Code
39232-8402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Pediatric 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
07 / 10 / 2019

Transaction ID : SA11AI.21737

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00