

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

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

FOR LINE NUMBER: PAGE 44 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. Lambert, Ann M., , Dr.,

Mailing Address 777 Post Rd

City
Scarsdale

State
NY

Zip Code
10583-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scarsdale Pediatric Dent Assoc

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 Y
09 / 09 / 2019

Transaction ID : SA11AI.21972

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lane, Katherine, , Dr.,

Mailing Address 5135 Skyline Rd S

City
Salem

State
OR

Zip Code
97306-9427

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 Y
09 / 23 / 2019

Transaction ID : SA11AI.22020

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Larson, Bernard J., , Dr.,

Mailing Address 2100 East Section Street, Ste. 102

City
Mount Vernon

State
WA

Zip Code
98274-9124

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 Y
10 / 01 / 2019

Transaction ID : SA11AI.22057

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00