

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Van Drew for Congress

A. Full Name (Last, First, Middle Initial) American Dental Association Political Action Committee			Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2019		
Mailing Address 1111 14th St NW Ste 1100			Transaction ID : VVBEDPJY05E		
City Washington	State DC	Zip Code 20005-5683	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C C00000729		Name of Employer Occupation Conduit total listed in Agg. field			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 62417.37			
B. Full Name (Last, First, Middle Initial) Gorman, Kathleen, , ,			Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2019		
Mailing Address PO Box 596			Transaction ID : VVBEDNS1115		
City South Seaville	State NJ	Zip Code 08246-0596	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Not Employed Not Employed			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 505.00			
C. Full Name (Last, First, Middle Initial) Howell, Christine, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2019		
Mailing Address 117 Sleepy Ridge Ct			Transaction ID : VVBEDPNK35		
City Suffolk	State VA	Zip Code 23435-1357	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Howell Dentistry Dentist			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional).....			275.00		
TOTAL This Period (last page this line number only).....					