

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 39

☒ 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. Howell, Christine, Danielle, Dr.,**

Mailing Address 5837 Harbour View Blvd  
Unit 1209

City  
Suffolk

State  
VA

Zip Code  
23435-2657

FEC 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

MM / DD / YYYY  
02 / 08 / 2019

**Transaction ID : A911B74E14F2A4CE194F**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Huberty, Mark, C, Dr.,**

Mailing Address 325 River Oaks Dr

City

Sheboygan Falls

State

WI

Zip Code

53085-1087

FEC 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

MM / DD / YYYY  
02 / 14 / 2019

**Transaction ID : A5EE969DD6045429890B**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Kenney, Jeffrey, N, Dr.,**

Mailing Address 44 Barclay Rd

City

Newport News

State

VA

Zip Code

23606-1465

FEC 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

MM / DD / YYYY  
02 / 08 / 2019

**Transaction ID : A2FAF5592E8D64FF5831**

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