

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

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

FOR LINE NUMBER: PAGE 18 OF 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

**A. Dietrich, Thomas, , ,**

Mailing Address 4774 Munson St NW  
 Ste 102

City  
 Canton

State  
 OH

Zip Code  
 44718

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2019

Transaction ID : SA11AI.31983

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

**B. Dingman, Todd, , ,**

Mailing Address 1521 N Beaver St

City

Flagstaff

State

AZ

Zip Code

86001

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

OMS of Northern Arizona

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2019

Transaction ID : SA11AI.31984

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

**C. Dowd, Kieran, , ,**

Mailing Address 16 Indian Spring Rd

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2019

Transaction ID : SA11AI.31985

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

1125.00

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