

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

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

FOR LINE NUMBER: PAGE 11 OF 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

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

A. Gouldin, A. Garrett, , Dr.,

Mailing Address 1497 Lily Loch Way

City
Great Falls

State
VA

Zip Code
22066-1750

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 / 21 / 2020

Transaction ID : A835B61A6E30C41B6899

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Harrison, Thomas, C, Dr.,

Mailing Address 726 Cascet Ct
Suite 105

City
Katy

State
TX

Zip Code
77450-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harrison and Bethke Family and Cosmeti

Occupation (for Individual)
general dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2020

Transaction ID : A585270A3216B4D11BBC

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Howell, Christine, Danielle, Dr.,

Mailing Address 5837 Harbour View Blvd
Unit 1209

City
Suffolk

State
VA

Zip Code
23435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Howell Dentistry

Occupation (for Individual)
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2020

Transaction ID : A5993172CBF044E85A48

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)..... ►

1500.00