

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

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

FOR LINE NUMBER: PAGE 22 OF 93  
(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 (Last, First, Middle Initial)

## **A. Rocky Cullens**

Mailing Address 100 S Bliss Ave

City State Zip Code  
Tahlequah OK 74464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cherokee Nation - WW Hastings

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2015

Transaction ID : SA11AI.28028

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Paul Cullum**

Mailing Address 105 Berrywood Dr.

City State Zip Code  
Columbia TN 38401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paul E Cullum DDS

Occupation  
Oral Surgon

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  
11 / 10 / 2015

Transaction ID : SA11AI.28029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **c. Charles Cuttino**

Mailing Address 512 Welwyn Rd

City State Zip Code  
Richmond VA 23229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation  
Oral Surgeon

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  
11 / 19 / 2015

Transaction ID : SA11AI.28030

Amount of Each Receipt this Period

250.00

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

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

1500.00