

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

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

FOR LINE NUMBER: PAGE 52 OF 312

(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. Crowley, Joseph, P, Dr.,

Mailing Address 3796 Lincoln Rd

City
Cincinnati

State
OH

Zip Code
45247-6933

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADA

Occupation (for Individual)
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2019

Transaction ID : A070429BC92984E5DB0F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Crowley, Joseph, , ,

Mailing Address 3796 Lincoln Road

City
Cincinnati

State
OH

Zip Code
45247

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2019

Transaction ID : A389AE9186B154F059A5

Amount of Each Receipt this Period

500.00

☐ Memo Item

ERMK: Van Drew for Congress

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

C. Crowson, Steven, C, Dr.,

Mailing Address 9460 Dillon Ct

City
Durham

State
CA

Zip Code
95938-9697

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2019

Transaction ID : AB6E22B63847A4D0E86E

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1750.00

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