

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

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

FOR LINE NUMBER: PAGE 100 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. Hasty, Christopher, M, Dr.,

Mailing Address 1153 Bowen Rd

City  
EnigmaState  
GAZip Code  
31749-6828FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employedOccupation (for Individual)  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2019

Transaction ID : A52D0147A06E34D14B5D

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Hawk, Carrie, A, Dr.,

Mailing Address 139 Fair Ave NE

City

New Philadelphia

State

OH

Zip Code

44663-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employedOccupation (for Individual)  
Dentist

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  
09 / 06 / 2019

Transaction ID : AB372294942F84BFC81A

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Hebert, Catherine, A, Dr.,

Mailing Address 4600 Highway 22  
Ste 4

City

Mandeville

State

LA

Zip Code

70471-2891

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Endodontic CenterOccupation (for Individual)  
Endodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2019

Transaction ID : AC6625738FDE14B789AF

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

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

1500.00