

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

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

FOR LINE NUMBER: PAGE 232 OF 312

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

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

A. Stephens, James, D, Dr., DDS

Mailing Address 205 Live Oak Lane

City
Los Altos

State
CA

Zip Code
94022-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2019

Transaction ID : A5F2189D02A334DC2844

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

B. Sterritt, Frederic, C, Dr.,

Mailing Address 464 S Horizon Way

City
Branchburg

State
NJ

Zip Code
08853-4026

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 ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 20 / 2019

Transaction ID : AA08E448176F44FDF967

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Stevenson, Richard, A, Dr.,

Mailing Address 14409 Mandarin Rd.

City
Jacksonville

State
FL

Zip Code
32223-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2019

Transaction ID : A1BAE35129DA54A44BF3

Amount of Each Receipt this Period

1150.00

☐ Memo Item

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

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

2650.00