

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. Tuneberg, Perry, , ,**

Mailing Address 4040 Morsay Drive

City  
Rockford

State  
IL

Zip Code  
61107

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 / 05 / 2019

**Transaction ID : A4022E260AFBF49B7901**

Amount of Each Receipt this Period

501.00

☐ Memo Item

ERMK: Drew Ferguson for Congress

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

**B. Turner, Cassidy, Leigh, Dr.,**

Mailing Address 3832 Houndstooth Ct

City  
Henrico

State  
VA

Zip Code  
23233-7678

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  
09 / 05 / 2019

**Transaction ID : A886660767CC7461B90D**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Turner, Sharon, Pullen, Dr.,**

Mailing Address 1017 Wil Rose Ln

City  
Versailles

State  
KY

Zip Code  
40383-8817

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 ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2019

**Transaction ID : ABEF98686349B4271BA2**

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)..... ►

1001.00