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)
[X] 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 Academy of Audiology, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Virginia Ramachandran

Mailing Address 26249 Fieldstone Dr.

City: Novi
State: MI
Zip Code: 48374-2150

FEC ID number of contributing federal political committee. C

Name of Employer: Henry Ford Hospital
Occupation: Audiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 15 / 2015

Transaction ID : A7E91685428ED4DA1BF3

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
M. Patrick Feeney

Mailing Address Va RR&D Natl Ctr
For

City: Portland
State: OR
Zip Code: 97239-0000

FEC ID number of contributing federal political committee. C

Name of Employer: VA RR&D Natl Ctr Rehab. Auditory Resea
Occupation: Audiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 05 / 2015

Transaction ID : A7C44BB4837984C77AC4

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Holli Lish

Mailing Address 65 W. Street
Suite B104

City: Warminster
State: PA
Zip Code: 18974-3216

FEC ID number of contributing federal political committee. C

Name of Employer: Audiology and Hearing Aid Center, LLC
Occupation: Audiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2015

Transaction ID : A60EF4B2F3A54467DBD2

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 325.00

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