

**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) | PAGE 28 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Political Action Committee

A. David Krajanowski
Full Name (Last, First, Middle Initial)

Mailing Address 2050 Main St

City IRVINE State CA Zip Code 92614-8255

FEC ID number of contributing federal political committee. **C**

Name of Employer SingerLewak LLP Occupation CPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 07 / 2015
Transaction ID : 37914482

Amount of Each Receipt this Period
500.00

B. Janis Isaacson
Full Name (Last, First, Middle Initial)

Mailing Address 18680 N. 93rd St

City SCOTTSDALE State AZ Zip Code 85255-9256

FEC ID number of contributing federal political committee. **C**

Name of Employer CliftonLarsonAllen LLP Occupation CPA

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
01 / 15 / 2015
Transaction ID : 37914483

Amount of Each Receipt this Period
250.00

C. John Di Carlo
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 87

City LONG BEACH State CA Zip Code 90801-0087

FEC ID number of contributing federal political committee. **C**

Name of Employer Windes, Inc. Occupation CPA

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
01 / 12 / 2015
Transaction ID : 37914484

Amount of Each Receipt this Period
250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |