SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 19
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
Mr. Ralph Nobbe, CPO
Mailing Address 301 D State Street
City: Santa Barbara State: CA Zip Code: 93105
FEC ID number of contributing federal political committee: C
Name of Employer: Nobbe Orthopedics
Occupation: Prosthetist/Orthotist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 06 24 2005
Transaction ID: SA11A1.6692
Amount of Each Receipt this Period: 1500.00

B.
Full Name (Last, First, Middle Initial)
Stephen Rinko
Mailing Address 25-09 Broadway
City: Fairlawn State: NJ Zip Code: 07410
FEC ID number of contributing federal political committee: C
Name of Employer: Rinko Orthopedic Appliance
Occupation: Prosthetist/Orthotist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 27 2005
Transaction ID: SA11A1.6719
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Mr. John Roberts, CPO
Mailing Address RR2 Box 107B
City: Holidayburg State: PA Zip Code: 16648
FEC ID number of contributing federal political committee: C
Name of Employer: Allegheny O&P
Occupation: Prosthetist/Orthotist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 27 2005
Transaction ID: SA11A1.6707
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3500.00

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