

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

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

FOR LINE NUMBER: PAGE 22 OF 201

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Political Action Committee

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

A. Hirsch, Kenneth, A, ,

Mailing Address 5 Janet Court

City
EAST BRUNSWICK

State
NJ

Zip Code
08816-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kenneth Hirsch CPA

Occupation (for Individual)
CEO/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2019

Transaction ID : 44260686

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Leff, Stephen, Kenneth, ,

Mailing Address 401 Plymouth Rd Ste 200

City
Plymouth Meeting

State
PA

Zip Code
19462-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayer Hoffman McCann P.C.

Occupation (for Individual)
Partner/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2019

Transaction ID : 44260689

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Netterville, Jake, L, ,

Mailing Address 8550 United Plaza Blvd Ste 1001

City
Baton Rouge

State
LA

Zip Code
70809-2256

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Postlethwaite & Netterville

Occupation (for Individual)
Director

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
11 / 08 / 2019

Transaction ID : 44260692

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1100.00

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