

**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 26 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Physician Assistants Political Action Committee (PA PAC)**

**A. Miller, Erika, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3205 Grand Ave  
 City Des Moines State IA Zip Code 50312-4176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : A952DDD8C529F4F5DB54**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Miller, Erika, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3205 Grand Ave  
 City Des Moines State IA Zip Code 50312-4176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Academy of Physician Assistan Occupation (for Individual) Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : AF4A168566F034EBFB67**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Mithoefer, James, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 Sugar House Ln Stone Farm Corner Stone Farm  
 City Manchester Center State VT Zip Code 05255-4500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dartmouth Hitchcock Medical Center Occupation (for Individual) PA-C  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : AF2622ADCA487401DB42**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	