

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 85 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Blezard, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 S Frontage Rd Ste 1
 City Vernon State CT Zip Code 06066-5535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Pue Chick Leibowitz & Blezard LLC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2018
Transaction ID : 42742202
 Amount of Each Receipt this Period
 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$25.00 This changes the YTD Total to \$0.00

B. Kirtley, Olivia, Faulkner, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Harwood Rd
 City Louisville State KY Zip Code 40222-6164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Olivia Kirtley, CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2018
Transaction ID : 42742203
 Amount of Each Receipt this Period
 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$140.00 This changes the YTD Total to \$10.00

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	101801.00