

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

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

FOR LINE NUMBER: PAGE 13 OF 380

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Airlines Inc. Political Action Committee (AAPAC)

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

A. Andrews, Julie, , ,

Mailing Address 4333 Amon Carter Blvd

City  
Fort Worth

State  
TX

Zip Code  
76155

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Airlines, Inc.

Occupation (for Individual)  
Sr Engineer, IT Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2019

Transaction ID : 2019090517134-412

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Andrews, Julie, , ,

Mailing Address 4333 Amon Carter Blvd

City  
Fort Worth

State  
TX

Zip Code  
76155

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Airlines, Inc.

Occupation (for Individual)  
Sr Engineer, IT Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2019

Transaction ID : 2019090516214-413

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Andrews, Julie, , ,

Mailing Address 4333 Amon Carter Blvd

City  
Fort Worth

State  
TX

Zip Code  
76155

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Airlines, Inc.

Occupation (for Individual)  
Sr Engineer, IT Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2019

Transaction ID : 2019090516334-431

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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