

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

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

FOR LINE NUMBER: PAGE 19 OF 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

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

A. Ikram, Khawaja, Haroun, , DO

Mailing Address PO Box 4058

City
JacksonState
MIZip Code
49204-4058FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Jackson Orthopaedic Care & Surgery, PC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2019

Transaction ID : 43898514

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Botz, Patrick, J., , DO

Mailing Address 3421 Ambleside Dr

City
FlushingState
MIZip Code
48433-9775FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2019

Transaction ID : 43898518

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Boyle, Thomas, A., , DO

Mailing Address 480 S Arlington Ave

City
ElmhurstState
ILZip Code
60126-3919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2019

Transaction ID : 43898525

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2200.00

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