

**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 18 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Somers, Jay, Clark, , PA-C**

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

Mailing Address 8545 W Warm Springs Rd  
Ste A

City Las Vegas State NV Zip Code 89113-3676

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nevada Family Psychiatry Occupation (for Individual) Psychiatry Physician Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 579.15

Date of Receipt 08 / 23 / 2018

**Transaction ID : AA0E4822B7660435CB62**

Amount of Each Receipt this Period 83.33

Memo Item

**B. Somers, Jay, Clark, , PA-C**

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

Mailing Address 8545 W Warm Springs Rd  
Ste A

City Las Vegas State NV Zip Code 89113-3676

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nevada Family Psychiatry Occupation (for Individual) Psychiatry Physician Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 579.15

Date of Receipt 08 / 23 / 2018

**Transaction ID : A845C3F4A988440459A1**

Amount of Each Receipt this Period 12.50

Memo Item

**C. Somers, Jay, Clark, , PA-C**

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

Mailing Address 8545 W Warm Springs Rd  
Ste A

City Las Vegas State NV Zip Code 89113-3676

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nevada Family Psychiatry Occupation (for Individual) Psychiatry Physician Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 674.98

Date of Receipt 09 / 23 / 2018

**Transaction ID : AB5803149FF64429EB42**

Amount of Each Receipt this Period 83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	179.16
<b>TOTAL</b> This Period (last page this line number only).....	