

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

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

FOR LINE NUMBER: PAGE 17 OF 42  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Orthotic & Prosthetic Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ronald Lanquist**

Mailing Address 136 Fairview Blvd.

City State Zip Code  
 Rockford IL 61107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Orthopedic Appliance

Occupation

orthotist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2011

**Transaction ID : A2011-2722897**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Harry Layton**

Mailing Address 2724 West Gore Boulevard

City State Zip Code  
 Lawton OK 73505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lawton Brace & Limb

Occupation

Prosthetist/Orthotist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2011

**Transaction ID : A2011-2722960**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Harry Layton**

Mailing Address 2724 West Gore Boulevard

City State Zip Code  
 Lawton OK 73505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lawton Brace & Limb

Occupation

Prosthetist/Orthotist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2011

**Transaction ID : A2011-2722824**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

550.00