

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

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

FOR LINE NUMBER: PAGE 10 OF 24

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

A. Lee, Eve, , ,

Mailing Address 330 John Carlyle St
Suite 200

City
Alexandria

State
VA

Zip Code
22314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Orthotic & Prosthetic Associa

Occupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2019

Transaction ID : A2019-3260576

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

B. Lee, Eve, , ,

Mailing Address 330 John Carlyle St
Suite 200

City
Alexandria

State
VA

Zip Code
22314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Orthotic & Prosthetic Associa

Occupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : A2019-3260577

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

C. Leimkuehler, William, , Mr.,

Mailing Address 205 North Leavitt Road

City
Amherst

State
OH

Zip Code
44001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Leimkuehler Orthotic-Prosthetic

Occupation (for Individual)
Prosthetist-Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2019

Transaction ID : A2019-2399701

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

630.00

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