

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 10
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Stacey M. Lee</b>		Date of Receipt
Mailing Address 500 Sandridge Rd		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charlotte	NC	28210-2453
FEC ID number of contributing federal political committee.		Transaction ID : <b>C1832431</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="140.00"/>
Name of Employer	Occupation	
Carolina Digestive Health	PA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="265.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Melinda Moore</b>		Date of Receipt
Mailing Address 18101 Point Lookout Dr Apt 424		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77058-3771
FEC ID number of contributing federal political committee.		Transaction ID : <b>C1842397</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Space City Pain Specialist	PA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Josanne K. Pagel MPAS, PA-C</b>		Date of Receipt
Mailing Address 35206 Chestnut Ridge Rd		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
North Ridgeville	OH	44039-3916
FEC ID number of contributing federal political committee.		Transaction ID : <b>C1832397</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
The Cleveland Clinic	Physician Assistant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="490.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>