

# **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 13 OF 22

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE**

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

**A. Keyes, John, , ,**

Mailing Address 40 S Main St  
Ste 1500

City  
Memphis

State  
TN

Zip Code  
38103-5509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
tascosalesreps

Occupation (for Individual)  
Account Manager, FL & S. GA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2019

**Transaction ID : A6C033659A0034159A93**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. Kohrs, Adam, , ,**

Mailing Address 2100 Okoboji Ave

City  
Milford

State  
IA

Zip Code  
51351-1238

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arnold Motor Supply

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

**Transaction ID : AA298D86E99A94B43AAD**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**C. Laing, Pat, , ,**

Mailing Address 109 (th St, N

City  
Humboldt

State  
IA

Zip Code  
50548

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arnold Motor Supply

Occupation (for Individual)  
Store Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

**Transaction ID : A19049B337ED24D6F972**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

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

1095.00