

# **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 34

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Aircraft Owners and Pilots Association Political Action Committee**

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

**A. Shepard, William, , MR,**

Mailing Address 398 Willow Ln

City  
Menasha

State  
WI

Zip Code  
54952-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2020

**Transaction ID : 81980698**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Lind, Dale, , MR,**

Mailing Address 2 Field Of Dreams Ln

City  
Lewisburg

State  
PA

Zip Code  
17837-9413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Airlines

Occupation (for Individual)  
Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2020

**Transaction ID : 81980704**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. Lind, Dale, , MR,**

Mailing Address 2 Field Of Dreams Ln

City  
Lewisburg

State  
PA

Zip Code  
17837-9413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Airlines

Occupation (for Individual)  
Pilot

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  
02 / 05 / 2020

**Transaction ID : 81980705**

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

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

675.00