

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 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Physician Assistants Political Action Committee (PA PAC)

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

A. Burns, Gregory, Lee, ,

Mailing Address 13605 Diamond Head Dr.

City
TampaState
FLZip Code
33624-2528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Barry University

Occupation (for Individual)

PA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2019

Transaction ID : AB35A85AE38E947FA9E7

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Burns, Gregory, Lee, ,

Mailing Address 13605 Diamond Head Dr.

City
TampaState
FLZip Code
33624-2528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Barry University

Occupation (for Individual)

PA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2019

Transaction ID : A6DE55DE4314C4B8BA98

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Butterfield, Kristin, , ,

Mailing Address 2318 Mill Rd Ste 1300
Ste 1300City
AlexandriaState
VAZip Code
22314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Academy of PAs

Occupation (for Individual)

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

282.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2019

Transaction ID : A8613DDAEB66B488BB5D

Amount of Each Receipt this Period

31.00

☐ Memo Item

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

81.00

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