

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

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

FOR LINE NUMBER: PAGE 7 OF 11  
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS, INC. POLITICAL ACTION COMMITTEE (AAPS-PAC)

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Kaltreider, Sara, , ,</b></p> <p>Mailing Address 495 Rosemont Dr.</p> <p>City Charlottesville State VA Zip Code 22903</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) self Occupation (for Individual) physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p><b>03 / 23 / 2020</b></p> <p><b>Transaction ID : SA11AI.5941</b></p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Orient, Jane, , ,</b></p> <p>Mailing Address 1601 N Tucson Blvd Suite 9</p> <p>City Tucson State AZ Zip Code 85716</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Jane Orient Enterprises Occupation (for Individual) physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt</p> <p><b>03 / 23 / 2020</b></p> <p><b>Transaction ID : SA11AI.5943</b></p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Rosenwasser, Tamzin, , ,</b></p> <p>Mailing Address 5846 Venisota Rd</p> <p>City Venice State FL Zip Code 34293</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Luminary Dermatology Occupation (for Individual) physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt</p> <p><b>03 / 23 / 2020</b></p> <p><b>Transaction ID : SA11AI.5944</b></p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2500.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	