

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

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

FOR LINE NUMBER: PAGE 42 OF 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

A. Abney, Larry, Brett, Dr.,

Mailing Address 31 Bobby Bland Way

City
LeitchfieldState
KYZip Code
42754-1744FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

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
06 / 11 / 2019

Transaction ID : 43579969

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Gossard, Teresa, A, Dr.,

Mailing Address 6323 Grand Vista Ave

City
CincinnatiState
OHZip Code
45213-1115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1142.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2019

Transaction ID : 43579970

Amount of Each Receipt this Period

142.86

☐ Memo Item

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

C. Brtva, Dennis, M, Dr.,

Mailing Address 57 Pebblebrook Ct

City
BloomingtonState
ILZip Code
61705-6300FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2019

Transaction ID : 43579973

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

292.86