

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

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

FOR LINE NUMBER: PAGE 27 OF 174

(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. Axelson, Bridget, Curran, Dr.,

Mailing Address 1783 Iglehart Ave

City
Saint PaulState
MNZip Code
55104-5215FEC 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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2019

Transaction ID : 43897449

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Favede, Leon, Michael, Dr.,

Mailing Address 250 Harbel Dr

City
St ClairsvleState
OHZip Code
43950-1081FEC 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2019

Transaction ID : 43897451

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Raies, Kelly Lynn, , Dr.,

Mailing Address 2915 Noddin Way

City
PortsmouthState
OHZip Code
45662-2412FEC 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 ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2019

Transaction ID : 43897452

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

240.00

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