

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

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

FOR LINE NUMBER: PAGE 22 OF 96

(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. Eiss, Steven, Paul, Dr.,**

Mailing Address 5674 Keith Ln

City  
EmmausState  
PAZip Code  
18049-5046FEC 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 ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2019

Transaction ID : 43328139

Amount of Each Receipt this Period

166.67

☐ 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 ▼

857.16

Date of Receipt

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

Transaction ID : 43329790

Amount of Each Receipt this Period

214.29

☐ 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 ▼

400.00

Date of Receipt

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

Transaction ID : 43329793

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

480.96

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