

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Osteopathic Information Association - Osteopathic Political Action Committee**

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

**A. Scott, Shannon, C., , DO**

Mailing Address 13612 North 69th Street

City  
Scottsdale

State  
AZ

Zip Code  
85254-4005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2020

**Transaction ID : 44613169**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Pugach, David, , , JD**

Mailing Address 142 E Ontario St Fl 2

City  
Chicago

State  
IL

Zip Code  
60611-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Osteopathic Association

Occupation (for Individual)

Senior Vice President for Public Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2020

**Transaction ID : 44613170**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Piccinini, Robert, G G, , DO**

Mailing Address 43157 Schoenherr Rd

City  
Sterling Heights

State  
MI

Zip Code  
48313-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2020

**Transaction ID : 44613171**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00