

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

A. Planitz, Jennifer, L, Dr.,

Mailing Address 3537 Newcastle Dr SE

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

909.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
03		06		2019

Transaction ID : 43178798

Amount of Each Receipt this Period

454.55

☐ Memo Item

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

B. Duclos, Lanny, F, Dr., Jr.

Mailing Address 3795 Sun Valley Dr

City

Grantsville

State

UT

Zip Code

84029-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
03		06		2019

Transaction ID : 43178810

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

C. Heinke, Jessica, D, Dr.,

Mailing Address 12420 Grandview Dr

City

Huntley

State

IL

Zip Code

60142-9731

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
03		07		2019

Transaction ID : 43180940

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

637.89

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