

# **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 Academy of Sleep Medicine Political Action Committee**

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

**A. Cronin, John, , ,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

**Transaction ID : SA11AI.9828**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Fahed, George, , ,**

Mailing Address Mansion Real Castilla, Suite 522

City

State

Zip Code

Coto Laurel

PR

00730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Somnos Comprehensive Sleep

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2019

**Transaction ID : SA11AI.9844**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Khosla, Seema, , ,**

Mailing Address 4152 30th Avenue S  
Suite 103B

City

State

Zip Code

Fargo

ND

58104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Dakota Center for Sleep

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2019

**Transaction ID : SA11AI.9832**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00