

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

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

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

Free Syria PAC

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

A. Akhras, Fadi, , ,

Mailing Address 20 Blue Grass Ct

City

Oak Brook

State

IL

Zip Code

60523-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

All Smiles Orthodontics

Occupation (for Individual)

Orthodontist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2019

Transaction ID : VSH9YHZMJQ2

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

B. Alalao, Bashar, , ,

Mailing Address 1461 Summerwood Dr

City

Broadview Heights

State

OH

Zip Code

44147-2846

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2019

Transaction ID : VSH9YHZMJZ5

Amount of Each Receipt this Period

75.00

☐ Memo Item

Contribution

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

C. Alayoubi, M. H., , ,

Mailing Address 5230 Godfrey Rd

City

Parkland

State

FL

Zip Code

33067-4150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

M. Hussam Alayoubi

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
05 / 08 / 2019

Transaction ID : VSH9YHZMM61

Amount of Each Receipt this Period

200.00

☐ Memo Item

Contribution

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

525.00

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