

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 Academy of Physician Assistants Political Action Committee (PA PAC)

A. Lawrence M. Herman MPA, RPA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 853 Park Ave
 City State Zip Code
 Huntington NY 11743-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Institute of Technology Physician Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : C2340084
 Amount of Each Receipt this Period
 500.00

B. Alan Hull PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Pheasant Hill Dr
 City State Zip Code
 Portland ME 04103-2783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maine Spine & Rehabilitation Physical Med Rehab.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : C2341181
 Amount of Each Receipt this Period
 500.00

C. Gerald Dean Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 1228 Heather Ridge Rd
 City State Zip Code
 North Las Vegas NV 89031-1520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 General Medicine PA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C2314216
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	