

**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)	PAGE 25 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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. Seyler, Corey, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2738 Boger Stadt Rd  
 City Fogelsville State PA Zip Code 18051-2207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Orthopaedic Associates Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2018  
**Transaction ID : AF3C78464572847D2AC2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Sheehan, James, M., , PA-C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Paseos Drive Apt 804  
 City Rochester State NY Zip Code 14618-5661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Highland Hospital Occupation (for Individual) Emergency Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 24 / 2018  
**Transaction ID : A6D4A8DE2B3E34978BBF**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Shefchik, Kim, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3095 N Brook Hills Dr  
 City Suamico State WI Zip Code 54313-8281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bellin Health Occupation (for Individual) PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2018  
**Transaction ID : A9D3395B92ACA4F17B75**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.00
<b>TOTAL</b> This Period (last page this line number only).....	