

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 Optometric Association Political Action Committee

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

A. Woo, Stanley, , Dr.,

Mailing Address 529 Wood Nettle Way

City
Waterloo

State
ON

Zip Code
N2V 2X9

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2019

Transaction ID : 43039297

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Bang, David, W, Dr.,

Mailing Address 602 Fairington Dr

City

Summerville

State

SC

Zip Code

29485-8675

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2019

Transaction ID : 43042808

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. Gossard, Teresa, A, Dr.,

Mailing Address 6323 Grand Vista Ave

City

Cincinnati

State

OH

Zip Code

45213-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eye Care Associates of Greater Cincinn

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

214.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2019

Transaction ID : 43042980

Amount of Each Receipt this Period

214.29

☐ Memo Item

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

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

829.29