

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

<b>A.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/> Amount of Each Receipt this Period <input type="text" value=""/> <input type="checkbox"/> Memo Item
<b>B.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/> Amount of Each Receipt this Period <input type="text" value=""/> <input type="checkbox"/> Memo Item
<b>C.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼		Date of Receipt <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/> Amount of Each Receipt this Period <input type="text" value=""/> <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<input type="text" value=""/> <input type="text" value=""/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<input type="text" value=""/> <input type="text" value=""/>