

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

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

FOR LINE NUMBER: PAGE 24 OF 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Oklahoma Strong Leadership PAC

Full Name (Last, First, Middle Initial)
A. MR. FALON FULLER

Mailing Address 236 NW 62ND STREET

City State Zip Code
 OKLAHOMA CITY OK 73118-7422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 OKLAHOMA SPINE HOSPITAL PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 118.00

Date of Receipt
 09 / 21 / 2015
Transaction ID : SA11.2521

Amount of Each Receipt this Period
 118.00

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. MICHAEL R. HAHN

Mailing Address 236 NW 62ND STREET

City State Zip Code
 OKLAHOMA CITY OK 73118-7422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 NEUROSCIENCE SPECIALIST DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 529.90

Date of Receipt
 09 / 21 / 2015
Transaction ID : SA11.2513

Amount of Each Receipt this Period
 286.00

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. BRENT N. HISEY

Mailing Address 3366 NW EXPRESSWAY
 SUITE 500

City State Zip Code
 OKLAHOMA CITY OK 73112-4439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 OKLAHOMA SPINE HOSPITAL DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 529.90

Date of Receipt
 09 / 21 / 2015
Transaction ID : SA11.2515

Amount of Each Receipt this Period
 286.00

CONTRIBUTION

[MEMO ITEM]
 PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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