

**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 587 OF 705
<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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Stop Hillary PAC

A. RICHARD TALLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 977 BAYSIDE COVE W

City NEWPORT BEACH State CA Zip Code 92660-7419

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

Name of Employer NOT EMPLOYED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2015

Transaction ID : SA11.79443

Amount of Each Receipt this Period
 10.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

B. BARBARA TANTAROS
Full Name (Last, First, Middle Initial)

Mailing Address 4200 INDIAN CREEK RD

City EMMAUS State PA Zip Code 18049

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

Name of Employer Occupation

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : SA17.3418

Amount of Each Receipt this Period
 300.00

CONTRIBUTION TO CAREY ACCOUNT

C. STANLEY TATE
Full Name (Last, First, Middle Initial)

Mailing Address 1175 NE 125TH ST.

City NORTH MIAMI State FL Zip Code 33161-5015

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

Name of Employer SELF-EMPLOYED Occupation DEVELOPER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : SA11.71824

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CONTRIBUTION TO CAREY ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	560.00
TOTAL This Period (last page this line number only).....▶	