

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 62
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Renee Ellmers for Congress Committee

Full Name (Last, First, Middle Initial) A. Gary L Shope		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016
Mailing Address 4721 Emperor Blvd #200		Transaction ID : SA11Ai-CN128632
City State Zip Code Durham NC 27703	Amount of Each Receipt this Period -1000.00	
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item Redesignated to 6/7/16 Primary Redesignated
Name of Employer Occupation Patheon Chief of Staff	Election Cycle-to-Date .00	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Gary L Shope		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016
Mailing Address 4721 Emperor Blvd #200		Transaction ID : SA11Ai-CN128633
City State Zip Code Durham NC 27703	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item Redesignated from General 2016 Redesignation
Name of Employer Occupation Patheon Chief of Staff	Election Cycle-to-Date 1000.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 6/7/16 Primary		

Full Name (Last, First, Middle Initial) C. Christopher C Snell		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 26 / 2016
Mailing Address 1833 Line Avenue		Transaction ID : SA11Ai-CN128578
City State Zip Code Shreveport LA 71101	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Occupation Snell's Limbs & Braces Certified Prosthetist	Election Cycle-to-Date 500.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 6/7/16 Primary		

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	