

**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 8 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Safari Club International PAC (SCI-PAC)

A. John S. Whipple
Full Name (Last, First, Middle Initial)

Mailing Address 11 Yale Ct

City Coto de Caza State CA Zip Code 92679-5008

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

Name of Employer SCI Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2011
Transaction ID : 32874649

Amount of Each Receipt this Period
500.00

B. Dr Frank Hall Schmidt MD
Full Name (Last, First, Middle Initial)

Mailing Address 117 Sunset Rim

City Cody State WY Zip Code 82414-9635

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

Name of Employer FRANK SCHMIDT Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2011
Transaction ID : 32874654

Amount of Each Receipt this Period
500.00

C. Ward E. Jones II
Full Name (Last, First, Middle Initial)

Mailing Address 2126 Bluff Ridge Dr

City Kerrville State TX Zip Code 78028-3844

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

Name of Employer WARD JONES II Occupation SALES INSURANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2011
Transaction ID : 32874655

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	