

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 269  
(check only one)

<input checked="" 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)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ronald Wise

Mailing Address 1141 Stetson Rd. Apt. 4

City Prescott State AZ Zip Code 86303-3300

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 22 / 2009

Transaction ID: AC2CDBF91B4F344EDB25

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Karl Poterack

Mailing Address 15815 E. Burro Dr.

City Fountain Hills State AZ Zip Code 85268-5307

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

Name of Employer Mayo Foundation Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2009

Transaction ID: A2E6C89F827E346D1850

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lawrence Gelman

Mailing Address 3900 Sundown Dr.

City McAllen State TX Zip Code 78503-1367

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

Name of Employer McAllen Anesthesia Consultants Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 23 / 2009

Transaction ID: A47EC21F6C4B643BC916

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

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