

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

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

FOR LINE NUMBER: PAGE 6 OF 9
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BELIEF IN LIFE AND LIBERTY POLITICAL ACTION COMMITTEE (BILL'S PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rastin, Tom, , Mr.,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2018 Transaction ID : SA11AI.4382		
Mailing Address 1240 Gambier Rd			Amount of Each Receipt this Period 5000.00		
City Mt. Vernon	State OH	Zip Code 43050	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 5000.00		
Name of Employer (for Individual) Ariel Corp.		Occupation (for Individual) Principal			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wright, Karen, , Mrs.,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2018 Transaction ID : SA11AI.4380		
Mailing Address 1240 Gambier Rd			Amount of Each Receipt this Period 5000.00		
City Mt. Vernon	State OH	Zip Code 43050	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 5000.00		
Name of Employer (for Individual) Ariel Corp.		Occupation (for Individual) President and CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt M M / D D / Y Y Y Y Y / /		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼		
Name of Employer (for Individual)		Occupation (for Individual)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
SUBTOTAL of Receipts This Page (optional).....			10000.00		
TOTAL This Period (last page this line number only).....			10000.00		