

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

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

FOR LINE NUMBER: PAGE 31 OF 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SINQUEFIELD, REX, A, ,

Mailing Address 244 BENT WALNUT LN

City  
WESTPHALIAState  
MOZip Code  
65085FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2018

Transaction ID : SA11AI.23668

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPARKS, ALAN, , ,

Mailing Address 183 HIGHLAND AVE.

City  
SOUTH PORTLANDState  
MEZip Code  
04106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
WEB DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2018

Transaction ID : SA11AI.23512

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SZUSTER, DAVID, , ,

Mailing Address 11 STATION ROAD

City  
GREAT NECKState  
NYZip Code  
11023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVID SZUSTER PSYCHIATRY PCOccupation (for Individual)  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2018

Transaction ID : SA11AI.23197

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100135.00

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