

# **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 7 OF 15

☒ 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)

**Believe In Life Liberty Yourself (BILLY PAC)**

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

**A. Petersen, Vickie, , ,**

Mailing Address 5276 S Stirling Way

City  
Springfield

State  
MO

Zip Code  
65809-4647

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Missouri State University

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
03 / 20 / 2018

**Transaction ID : A54220BF920D5456A94C**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Donation

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

**B. Pfautch, Roy, , ,**

Mailing Address 52 Portland Place

City  
Saint Louis

State  
MO

Zip Code  
63108-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civic Services, Inc.

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
03 / 20 / 2018

**Transaction ID : A65A3D906156541C7A24**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Donation

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

**C. Petersen, Larry, , ,**

Mailing Address 5276 S Stirling Way

City  
Springfield

State  
MO

Zip Code  
65809-4647

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
03 / 20 / 2018

**Transaction ID : A2627ADC37A134C45A0B**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Donation

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

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

15000.00