

# **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 6 OF 8

☒ 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)

**Center for Sportfishing Policy Political Action Committee aka Center PAC**

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

**A. Choate, Arthur B., ,**

Mailing Address 1390 S. Dixie Hwy  
Suite 2221

City  
Coral Gables

State  
FL

Zip Code  
33146-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Art Marine Inc.

Occupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.0

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2018

**Transaction ID : 1534192603887**

Amount of Each Receipt this Period

2500.0

☐ Memo Item  
☐ Check

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

**B. Turner, Thomas H., , Mr,**

Mailing Address PO Box 2750

City  
Baton Rouge

State  
LA

Zip Code  
70821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Turner Industries Holding

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.0

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2018

**Transaction ID : 1534973817358**

Amount of Each Receipt this Period

1000.0

☐ Memo Item  
☐ Credit Card

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

3500.00

3500.00