

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

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

FOR LINE NUMBER: PAGE 140 OF 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Wal-Mart Stores Inc. PAC For Responsible Government

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

A. Johnson, Robert, T, ,

Mailing Address 600 S Cleveland Ave

City
Brookhaven

State
MS

Zip Code
39601-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wal-Mart Stores Inc.

Occupation (for Individual)
Genmgr(F,I,J,R,Wdc7

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2017

Transaction ID : 20170714102742-7212

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Johnson, Robert, T, ,

Mailing Address 600 S Cleveland Ave

City
Brookhaven

State
MS

Zip Code
39601-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wal-Mart Stores Inc.

Occupation (for Individual)
Genmgr(F,I,J,R,Wdc7

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2017

Transaction ID : 20170728134339-7185

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Johnson, Travis, , ,

Mailing Address 2641 Gallant Fox Dr

City
Schertz

State
TX

Zip Code
78108-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wal-Mart Stores Inc.

Occupation (for Individual)
Regional Ap Dir-Wm

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
07 / 13 / 2017

Transaction ID : 20170714102742-9504

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

70.00

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