

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

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

FOR LINE NUMBER: PAGE 11 / 21  
(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)  
SCOOTER STORE, INC. POLITICAL ACTION COMMITTEE; THE

**A.** Full Name (Last, First, Middle Initial)  
Rodger Mack  
 Mailing Address 348 Hunters Trace  
 City State Zip Code  
 New Braunfels TX 78132  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 1 1  
**Transaction ID:** SA11AI.7331  
 Amount of Each Receipt this Period  
 208.00  
 \$208/pay period  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The SCOOTER Store C.O.O.  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1664.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara McBryde  
 Mailing Address 408 South Vandiver  
 City State Zip Code  
 San Antonio TX 78209  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 5 / 2 0 1 1  
**Transaction ID:** SA11AI.7279  
 Amount of Each Receipt this Period  
 50.00  
 \$50/pay period  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The SCOOTER Store Director of Distribution Support  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

**C.** Full Name (Last, First, Middle Initial)  
Barbara McBryde  
 Mailing Address 408 South Vandiver  
 City State Zip Code  
 San Antonio TX 78209  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 1 1  
**Transaction ID:** SA11AI.7309  
 Amount of Each Receipt this Period  
 50.00  
 \$50/pay period  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The SCOOTER Store Director of Distribution Support  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 308.00  
**TOTAL** This Period (last page this line number only) ..... ►