

**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 53 OF 471               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 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.**

**A. CALKINS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 FOUR HILLS RD SE  
 City ALBUQUERQUE State NM Zip Code 87123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNRISE MEDICAL GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 30 / 2019**  
**Transaction ID : SA11AI.72730**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. CAMERON, RONALD, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 21440  
 City LITTLE ROCK State AR Zip Code 72221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MOUNTAIRE CORP Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800000.00

Date of Receipt **09 / 09 / 2019**  
**Transaction ID : SA11AI.72031**  
 Amount of Each Receipt this Period 800000.00  
 Memo Item

**C. CAMPBELL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3861 BOCA BAY DRIVE  
 City DALLAS State TX Zip Code 75244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEXAS INSTRUMENTS Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 11 / 2019**  
**Transaction ID : SA11AI.72766**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 800075.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |           |