

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 9  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**PRINCIPLES FIRST, INC.**

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

**A. Alliance for a Better Tomorrow, Inc.**

Mailing Address 4649 E Acoma Dr.

City  
Phoenix

State  
AZ

Zip Code  
85032

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 ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2018

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

40000.00

☐ Memo Item

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

**B. Blain, Almon, , ,**

Mailing Address 6309 Jellison Rd.

City  
Billings

State  
MT

Zip Code  
59101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Billings Flying Service

Occupation (for Individual)  
Co-Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2018

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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)..... ▶

90000.00

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

90000.00