

**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 7 OF 16
	<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)  
**Team Marshall**

**A. FOOTE, SCOTT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 416

City HOXIE	State KS	Zip Code 67740-0416
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SELF		Occupation (for Individual) FARMING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>6250.00</b>	

Date of Receipt  
**02 / 16 / 2017**  
Transaction ID : SA11A.2097

Amount of Each Receipt this Period  
**- 6250.00**

Memo Item CONTRIBUTION  
REATTRIBUTION TO SPOUSE

**B. HARSHBERGER, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 10905 WILDFIRE RD

City MINNEOLA	State KS	Zip Code 67865-8506
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) HARSHBERGER ENTERPRISES		Occupation (for Individual) OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>7500.00</b>	

Date of Receipt  
**03 / 16 / 2017**  
Transaction ID : SA11A.2094

Amount of Each Receipt this Period  
**7500.00**

Memo Item CONTRIBUTION

**C. LOPATIN, MARK, , , M.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2224 SUNRISE WAY

City JAMISON	State PA	Zip Code 18929-1051
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) RHEUMATIC DISEASES ASSOCIATES		Occupation (for Individual) PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Date of Receipt  
**02 / 15 / 2017**  
Transaction ID : SA11A.2090

Amount of Each Receipt this Period  
**1000.00**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	