

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

OPPORTUNITY AND RESPONSIBILITY RESTORED IN OUR NATION PAC

Full Name (Last, First, Middle Initial)

A. Anne Stuart

Mailing Address Information Requested

City State Zip Code

Information Requested

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

Transaction ID : A88C2CD9D7F1D4A50AB4

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gregory Elliot

Mailing Address 240 Capitol St. Ste. 500

City State Zip Code
Charleston WV 25301-2297FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AMFM Inc.

OWNER/OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

Transaction ID : A29B772902B0841AF808

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lawrence Deans

Mailing Address 47 Mason Pond Place

City State Zip Code
Spring TX 77381-3187FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Avalon Health

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

Transaction ID : AAC76511F9726445393B

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

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