

**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 7   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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)  
**Amusement & Music Operators Association Political Action Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Tim Carson</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2013 |
| Mailing Address 4620 Cliff View Circle  |  | <b>Transaction ID : SA11AI.4933</b>                 |
| City Billings   | State MT   |   |
| Zip Code 59106  | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Amusement Services  | Occupation<br>President                                      | Aggregate Year-to-Date ▼<br>1000.00                 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |                                    |
|---|--|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  | Date of Receipt<br>MM / DD / YYYY  |
| Mailing Address   |  | Amount of Each Receipt this Period |
| City  | State  |                                    |
| Zip Code  | FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼           |
| Name of Employer  | Occupation   |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                    |

|   |  |                                    |
|---|--|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Receipt<br>MM / DD / YYYY  |
| Mailing Address   |  | Amount of Each Receipt this Period |
| City  | State  |                                    |
| Zip Code  | FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼           |
| Name of Employer  | Occupation   |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                    |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 500.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 1600.00 |