

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**GCI PAC**

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

**A. Azocar, Kara, Leibin, ,**

Mailing Address 4444 Connecticut Ave NW  
Apt 305

City  
Washington

State  
DC

Zip Code  
20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GCI

Occupation (for Individual)

Federal Regulatory Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2017

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period

166.64

☐ Memo Item

\$20.83 semi-monthly payroll deduction

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

**B. Brett, Stephen, M, ,**

Mailing Address 45 Bellevue Drive

City

Boulder

State

CO

Zip Code

80302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sherman & Howard

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : SA11AI.5041

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Individual contribution to GCI PAC

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

**C. Cary, Martin, , ,**

Mailing Address 17721 Mountainside Villa Drive

City

Anchorage

State

AK

Zip Code

99516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GCI

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2017

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period

600.00

☐ Memo Item

\$50 semi-monthly payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

5766.64