

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

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

FOR LINE NUMBER: PAGE 40 OF 176

(check only one)

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

AMERICA FIRST ACTION, INC.

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

A. LECHOWICZ, LISA, , ,

Mailing Address 10828 OLD MILL ROAD
 SUITE 1

City
 OMAHA

State
 NE

Zip Code
 68154

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 HDM CORP

Occupation (for Individual)
 BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 10 / 2018

Transaction ID : SA11AI.29773

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. LEHMAN, JOHN, , ,

Mailing Address 124 TORTUGA LANE

City

SUMMERLAND KEY

State

FL

Zip Code

33042

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 PAE

Occupation (for Individual)
 AIRCRAFT INSPECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2018

Transaction ID : SA11AI.27252

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. LOGAN, D, , ,

Mailing Address 7 AUDITORIUM CIRCLE

City

WRIGHTSVILLE BEACH

State

NC

Zip Code

28480

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 LOGAN HOMES

Occupation (for Individual)
 OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 03 / 2018

Transaction ID : SA11AI.29168

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1300.00

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