

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 12
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LEADERS ONLY UNITE POLITICAL ACTION COMMITTEE (AKA LOU PAC)

A. Simile, David, J., , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2363 Lob Lolly Lane City Deerfield Beach State FL Zip Code 33442-1307 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2300.00</div>			Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y Y 06 / 27 / 2018 </div> Transaction ID : SA11AI.4606 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2300.00</div> <input type="checkbox"/> Memo Item
B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;"> <div style="display: flex; justify-content: space-between;"> ▲ ▲ ▲ </div> </div>			Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y Y </div> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;"> <div style="display: flex; justify-content: space-between;"> ▲ ▲ ▲ </div> </div> <input type="checkbox"/> Memo Item
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;"> <div style="display: flex; justify-content: space-between;"> ▲ ▲ ▲ </div> </div>			Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y Y </div> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;"> <div style="display: flex; justify-content: space-between;"> ▲ ▲ ▲ </div> </div> <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;">2300.00</div>	
TOTAL This Period (last page this line number only)..... ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;">2300.00</div>	