

**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 28 OF 29                |
|   | <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             |                              |

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)  
**Polsinelli PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yocum, William, L., ,

Mailing Address 9711 N Flora Ave

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Kansas City | State<br>MO | Zip Code<br>64155-2117 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Polsinelli Shughart PC | Occupation (for Individual)<br>Attorney |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 31  |   | 2016    |

**Transaction ID : C6762473**

Amount of Each Receipt this Period  
100.00

Memo Item

\* Payroll Deduction: \$100 monthly

**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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

Amount of Each Receipt this Period

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:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

Amount of Each Receipt this Period

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 100.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 11636.65 |