

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

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

FOR LINE NUMBER: PAGE 245 OF 805

(check only one)

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

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NAME OF COMMITTEE (In Full)

Giffords PAC

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

A. Shea, Evelyn, K., ,

Mailing Address 40 Summit Ct

City
Westfield

State
NJ

Zip Code
07090-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / **16** / **2018**

Transaction ID : 1082252

Amount of Each Receipt this Period

100.00

☐ Memo Item

| Non-Contribution Account

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

B. Sullivan, Thomas, W., ,

Mailing Address 651 SE Bayshore Dr
Unit A202

City
Oak Harbor

State
WA

Zip Code
98277-3260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / **16** / **2018**

Transaction ID : 1082352

Amount of Each Receipt this Period

500.00

☐ Memo Item

| Non-Contribution Account

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

C. Frankeny, John, , ,

Mailing Address 616 Bethlehm Rd

City
Millerstown

State
PA

Zip Code
17062-8295

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Institute Of PA

Occupation (for Individual)
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / **21** / **2018**

Transaction ID : 1102652

Amount of Each Receipt this Period

100.00

☐ Memo Item

* Non-Contribution Account; Earmarked Contribution:
See Below

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

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

700.00