

**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 57 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Thompson Coburn Political Action Committee**

**A. Barry M. Weisz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2029 Century Park East  
19th Floor

City Los Angeles State CA Zip Code 90067

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

Name of Employer Thompson Coburn LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) **Calender Year 2016**

Aggregate Year-to-Date **600.00**

Date of Receipt  
**06 / 08 / 2016**

**Transaction ID : SA11Ai-CN5018**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B. Brandi M. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address One US Bank Plaza  
27th Floor

City Saint Louis State MO Zip Code 63101

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

Name of Employer Thompson Coburn LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) **Calender Year 2016**

Aggregate Year-to-Date **120.00**

Date of Receipt  
**06 / 08 / 2016**

**Transaction ID : SA11Ai-CN5019**

Amount of Each Receipt this Period  
**20.00**

Memo Item

**C. Patricia A. Winchell**  
Full Name (Last, First, Middle Initial)

Mailing Address One US Bank Plaza  
27th Floor

City Saint Louis State MO Zip Code 63101

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

Name of Employer Thompson Coburn LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) **Calender Year 2016**

Aggregate Year-to-Date **150.00**

Date of Receipt  
**06 / 08 / 2016**

**Transaction ID : SA11Ai-CN5020**

Amount of Each Receipt this Period  
**25.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **145.00**

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