

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 6
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Center for Sportfishing Policy Political Action Committee aka Center PAC

A. Baynard, Diane, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4180 Beach View Ct. City Port Charlotte State FL Zip Code 33948 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired Occupation (for Individual) Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.0			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 12 / 2018 Transaction ID : 1539372210461 Amount of Each Receipt this Period 1000.0 <input type="checkbox"/> Memo Item Credit Card	
B. Choate, Arthur B., , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1390 S. Dixie Hwy Suite 2221 City Coral Gables State FL Zip Code 33146-2946 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Art Marine Inc. Occupation (for Individual) Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 7500.0			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2018 Transaction ID : 1539816433116 Amount of Each Receipt this Period 5000.0 <input type="checkbox"/> Memo Item Check \$2500 refund issued and will be disclosed on upcoming report	
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 ▼			Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item	
SUBTOTAL of Receipts This Page (optional)..... ▶			6000.00	
TOTAL This Period (last page this line number only)..... ▶			6000.00	