

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

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

FOR LINE NUMBER: PAGE 117 / 168

(check only one)

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

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. RAND L. SCHLEUSENER, M.D.

Mailing Address 13389 BONE PATH

City State Zip Code
RAPID CITY SD 57702-6215

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS ORTHOPEDIC &
SPINE CTR.

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2432

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
HARRY W. SCHMALTZ

Mailing Address P.O. BOX 702

City State Zip Code
WAVERLY PA 18471-0702

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1998

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. TODD A. SCHMIDT, M.D.

Mailing Address 2865 LAKE PARK DR.

City State Zip Code
JONESBORO GA 30236-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN ORTHOPAEDIC SPEC-
IALISTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2433

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)