

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

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

FOR LINE NUMBER: PAGE 18 OF 66
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
THOMAS C. NORRIS

Mailing Address **12 WOODLAND COURT**

City **YORK** State **PA** Zip Code **17403-4443**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : SA11.2881

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SAIT ONAL

Mailing Address **3425 SIMPSON FERRY ROAD
SUITE 200**

City **CAMP HILL** State **PA** Zip Code **17011-6405**

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

Name of Employer **TRANSAMERICA** Occupation **MANAGING DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3087

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT A. ORTENZIO

Mailing Address **1716 OLMSTED WAY E**

City **CAMP HILL** State **PA** Zip Code **17011-8458**

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

Name of Employer **SELECT MEDICAL** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.3077

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

3250.00