

# **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)

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

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NAME OF COMMITTEE (In Full)

**AmericanHort - Political Action Committee**

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

**A. Bordine, Bruce, , Mr.,**

Mailing Address 1835 S. Rochester Rd.

City  
Rochester Hills

State  
MI

Zip Code  
48307-3533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bordine Nursery

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2016

Transaction ID : SA11AI.8165

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

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

**B. Lemkes, Huibertus, J, ,**

Mailing Address 272 Greenhouse Rd.

City  
Mills River

State  
NC

Zip Code  
28759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tri-Hishtil, LLC

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 04 / 2016

Transaction ID : SA11AI.8168

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

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

**C. Rinaca, Robin, , Ms,**

Mailing Address 25118 Bowmans Folly Dr

City  
Accomac

State  
VA

Zip Code  
23301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eastern Shore Nursery

Occupation (for Individual)  
nurserywoman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 11 / 2016

Transaction ID : SA11AI.8169

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

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

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

1500.00

1500.00