

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
Hallmark Cards PAC

Full Name (Last, First, Middle Initial)
A. Ellen McKeever Junger

Mailing Address 6557 High Dr

City Kansas City State KS Zip Code 64108

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

Name of Employer Hallmark Cards, Inc. Occupation Sr VP - Consumer Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR107204811441

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)
B. Barry Michael Katz

Mailing Address 12608 W. 130th Terrace

City Kansas City State KS Zip Code 64108

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

Name of Employer Hallmark Cards, Inc. Occupation Associate General Cnsl Litigtn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR107207911441

Amount of Each Receipt this Period
 40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)
C. Homer John Kay

Mailing Address 12318 Granada Ln

City Kansas City State KS Zip Code 64108

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

Name of Employer Hallmark Cards, Inc. Occupation Greetings Subsidiary VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR107208211441

Amount of Each Receipt this Period
 25.00

P/R Deduction (\$12.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **115.00**

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