

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22  
(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
SCOOTER STORE, INC. POLITICAL ACTION COMMITTEE; THE

**A.**

Full Name (Last, First, Middle Initial)  
Mark W Allen

Mailing Address 27 Timber Meadow

City State Zip Code  
New Braunfels TX 78132

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

Name of Employer The SCOOTER Store Occupation Operations Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2010

Transaction ID: SA11AI.6526

Amount of Each Receipt this Period  
250.00

\$250/pay period

**B.**

Full Name (Last, First, Middle Initial)  
Mark W Allen

Mailing Address 27 Timber Meadow

City State Zip Code  
New Braunfels TX 78132

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

Name of Employer The SCOOTER Store Occupation Operations Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 15 / 2010

Transaction ID: SA11AI.6594

Amount of Each Receipt this Period  
250.00

\$250/pay period

**C.**

Full Name (Last, First, Middle Initial)  
David C Berger

Mailing Address 354 Hueco Ridge

City State Zip Code  
New Braunfels TX 78132

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

Name of Employer The SCOOTER Store Occupation Healthcare Relations Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2010

Transaction ID: SA11AI.6530

Amount of Each Receipt this Period  
13.00

\$13/pay period

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **513.00**

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