

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

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

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE OF | |
| <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)
THE CENTER

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. RATAN, RAUL | | Date of Receipt MM' DD' YYYY 08' 26' 2016 |
| Mailing Address 1299 ENOCH COURT | | Amount of Each Receipt this Period 2,000.00 |
| City YARSBLEY | State Zip Code PA 19067 | |
| FEC ID number of contributing federal political committee. C00488585 | | Memo Item <input type="checkbox"/> |
| Name of Employer BUCKS COUNTY UROLOGY | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2,000.00 | |

| | | |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. | | Date of Receipt MM' DD' YYYY |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. C | | Memo Item <input type="checkbox"/> |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ ▲ ▲ ▲ | |

| | | |
|---|--------------------------|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt MM' DD' YYYY |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. C | | Memo Item <input type="checkbox"/> |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2,000.00 |
| TOTAL This Period (last page this line number only).....▶ | 2,000.00 |