

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 149

(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)
Michael Pfister

Mailing Address 1903 River Way

City State Zip Code
Spring Branch TX 78070

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

Name of Employer Occupation
The Scotter Store EVP, External Relations & Govt Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: SA11AI.5891

Amount of Each Receipt this Period

500.00

Payroll Deduction - one time contribution

B.

Full Name (Last, First, Middle Initial)
David Pryor

Mailing Address 1212 Rapids Road

City State Zip Code
New Braunfels TX 78130

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

Name of Employer Occupation
The SCOOTER Store Insurance Verification Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: SA11AI.5959

Amount of Each Receipt this Period

20.00

Payroll Deduction (\$20/pay period)

C.

Full Name (Last, First, Middle Initial)
David Pryor

Mailing Address 1212 Rapids Road

City State Zip Code
New Braunfels TX 78130

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

Name of Employer Occupation
The SCOOTER Store Insurance Verification Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: SA11AI.5864

Amount of Each Receipt this Period

20.00

Payroll Deduction (\$20/pay period)

SUBTOTAL of Receipts This Page (optional) ▶

540.00

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