

**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 6 OF 9 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <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)
American Heartland PAC

A. AUGUST A BUSCH III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 MID RIVERS MALL DR.
 City ST. PETERS State MO Zip Code 63376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 95000.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.4264
 Amount of Each Receipt this Period 95000.00
 CONTRIBUTION

B. HO-CHUNK, INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 390
 City WINNEBAGO State NE Zip Code 68071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.4267
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION

C. POARCH BAND OF CREEK INDIANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5811 JACK SPRINGS RD.
 City ATMORE State AL Zip Code 36502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 19 / 2015
Transaction ID : SA11AI.4273
 Amount of Each Receipt this Period 25000.00
 CONTRIBUTION

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 130000.00 |
| TOTAL This Period (last page this line number only).....▶ | |