

**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 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 |
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NAME OF COMMITTEE (In Full)

*EWMA Political Action Committee*

Full Name (Last, First, Middle Initial)

A. *Carter, Douglas*

Mailing Address

*5261 Whitehouse Blvd. Rd*

City *Norson* State *CA* Zip Code *91210*

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

Name of Employer *BASF* Occupation *Norson*

Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date *2000*

Date of Receipt *9/15/2014*

Amount of Each Receipt this Period *2000*

Full Name (Last, First, Middle Initial)

B. *Shurling, Dickey*

Mailing Address

*102 Deepwood Dr*

City *Sandersville* State *GA* Zip Code *31082*

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

Name of Employer *Thiele* Occupation *Manager*

Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date *2000*

Date of Receipt *9/15/2014*

Amount of Each Receipt this Period *2000*

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Date of Receipt *MM / DD / YYYY*

Amount of Each Receipt this Period

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

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

*2000*  
*2000*

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