

**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 57 OF 59
<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)
Thompson Coburn Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wuller, Roman, P., ,

Mailing Address One US Bank Plaza
27th Floor

City Saint Louis State MO Zip Code 63101

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

Name of Employer (for Individual) Thompson Coburn LLP Occupation (for Individual) Attorney

Receipt For: 2016
 Primary General
 Other (specify) **▼**
 Calender Year 2016

Aggregate Year-to-Date **▼**
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 05 / 2016

Transaction ID : SA11Ai-CN5655

Amount of Each Receipt this Period
150.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, Kevin, , ,

Mailing Address 55 East Monroe Street
37th Floor

City Chicago State IL Zip Code 60603

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

Name of Employer (for Individual) Thompson Coburn LLP Occupation (for Individual) Attorney

Receipt For: 2016
 Primary General
 Other (specify) **▼**
 Calender Year 2016

Aggregate Year-to-Date **▼**
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 05 / 2016

Transaction ID : SA11Ai-CN5656

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **▼**

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	10514.00