

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

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 7 / 10 | |
| | (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"/> 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)
PARKER-HANNIFIN CORPORATION POLITICAL ACTION COMMITTEE (PARKER PAC)

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------|---|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Candy M Obourn | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 570 East Lake Rd. | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11AI.4336 | | | | | | | | | | | | | | | | | | | | |
| | Rushville | NY | 14544 | Amount of Each Receipt this Period | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | | C | 500.00 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer ActivEase Healthcare | | Occupation President & CEO | contribution | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | 500.00 | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only) | 7000.00 |