

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

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

FOR LINE NUMBER: PAGE 9 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

**Boyd Gaming Corporation Political Action Committee**

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

A. Stopulos, Ted, , ,

Mailing Address 6465 S. Rainbow Blvd.

City  
Las Vegas

State  
NV

Zip Code  
89118-3215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Boyd Gaming Corporation

Occupation (for Individual)

DIRECTOR GOV/COMMUNITY AFFAIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2020

Transaction ID : 14175467

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Taeubel, Tony, , ,

Mailing Address 4500 West Tropicana Avenue

City  
Las Vegas

State  
NV

Zip Code  
89103-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Orleans Casino

Occupation (for Individual)

SVP GENERAL 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  
03 / 31 / 2020

Transaction ID : 14175477

Amount of Each Receipt this Period

240.00

☐ Memo Item

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

C.

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 Y

Amount of Each Receipt this Period

☐ Memo Item

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

540.00

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

3597.00