

SCHEDULE A (FEC Form 4)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14a | <input type="checkbox"/> 15 | <input type="checkbox"/> 16a |
| <input type="checkbox"/> 16b | <input type="checkbox"/> 17a | <input type="checkbox"/> 18a | <input type="checkbox"/> 19a |

| | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14a | <input type="checkbox"/> 15 | <input type="checkbox"/> 16a |
| <input type="checkbox"/> 16b | <input type="checkbox"/> 17a | <input type="checkbox"/> 18a | <input type="checkbox"/> 19a |

| | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14a | <input type="checkbox"/> 15 | <input type="checkbox"/> 16a |
| <input type="checkbox"/> 16b | <input type="checkbox"/> 17a | <input type="checkbox"/> 18a | <input type="checkbox"/> 19a |

| | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14a | <input type="checkbox"/> 15 | <input type="checkbox"/> 16a |
| <input type="checkbox"/> 16b | <input type="checkbox"/> 17a | <input type="checkbox"/> 18a | <input type="checkbox"/> 19a |

PAGE OF

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)

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)