

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 583 OF 817
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NEW HAMPSHIRE FOR SCOTT BROWN**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL WEISS**

Mailing Address **119 GALLOUPES POINT ROAD**

City **SWAMPSCOTT** State **MA** Zip Code **01907-2730**

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

Name of Employer **SELF-EMPLOYED** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2014**

Transaction ID : **SA11.365373**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT WEISSMAN**

Mailing Address **P.O. BOX 201**

City **MELVIN VILLAGE** State **NH** Zip Code **03850-0201**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

Transaction ID : **SA11.362246**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**R. WESTERLUND**

Mailing Address **10 ISLAND ESTATES PARKWAY**

City **PALM COAST** State **FL** Zip Code **32137-2202**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

Transaction ID : **SA11.363463**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

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

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

**2300.00**

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