

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

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

FOR LINE NUMBER: PAGE 648 OF 1343

(check only one)

<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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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)
Friends of Maria

A. Full Name (Last, First, Middle Initial)
Bruce McNeil

Mailing Address **6813 Totem Beach Rd**

City **Tulalip** State **WA** Zip Code **98271-9714**

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

Name of Employer **Not Employed** Occupation **Carpenter**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **215.00**

Date of Receipt
 MM / DD / YYYY
07 / 26 / 2012

Transaction ID : **C9068519**

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
Bruce McNeil

Mailing Address **6813 Totem Beach Rd**

City **Tulalip** State **WA** Zip Code **98271-9714**

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

Name of Employer **Not Employed** Occupation **Carpenter**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **215.00**

Date of Receipt
 MM / DD / YYYY
09 / 21 / 2012

Transaction ID : **C9385492**

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
Joyce McReynolds

Mailing Address **P.O. Box 141**
111 S. Prairie

City **Brookston** State **IN** Zip Code **47923**

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

Name of Employer **River Bend Hospital** Occupation **Infection Control/Employee Health Coor**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 MM / DD / YYYY
09 / 30 / 2012

Transaction ID : **C9436681**

Amount of Each Receipt this Period
200.00

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

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

270.00

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