

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 328
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

Full Name (Last, First, Middle Initial) A. Martin Tuozzo		Date of Receipt
Mailing Address 38 Clifton Street		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City Staten Island	State NY	Zip Code 10314
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C10571000
Name of Employer New York City & Vicinity District Coun		Occupation Business Representative
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="341.64"/>	Amount of Each Receipt this Period <input type="text" value="82.29"/>
		* Payroll Deduction: (\$82.29 monthly)

Full Name (Last, First, Middle Initial) B. James Turner		Date of Receipt
Mailing Address 10 Foxboro St		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City Worcester	State MA	Zip Code 01607-1212
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C10570469
Name of Employer New England Regional Council of Carpen		Occupation Organizer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="314.02"/>	Amount of Each Receipt this Period <input type="text" value="75.60"/>
		* Payroll Deduction: (\$75.60 monthly)

Full Name (Last, First, Middle Initial) C. Leon Turnwald		Date of Receipt
Mailing Address 3395 W Birchrun Rd		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City Burt	State MI	Zip Code 48417-9694
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C10570470
Name of Employer Michigan Regional Council of Carpenter		Occupation Organizer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="289.74"/>	Amount of Each Receipt this Period <input type="text" value="64.60"/>
		* Payroll Deduction: (\$64.60 monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="222.49"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>