

**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 627 OF 1686
	<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)
Friends of Pat Toomey

Full Name (Last, First, Middle Initial) Ann Johnson			Date of Receipt MM / DD / YYYY 04 / 06 / 2016	
Mailing Address 1220 S. Ocean Blvd.			Transaction ID : A718F486807104C79896	
City Palm Beach	State FL	Zip Code 33480-5016	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 5400.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) Mr. George C Bullock			Date of Receipt MM / DD / YYYY 03 / 29 / 2016	
Mailing Address 138 Progress Dr			Transaction ID : A00CEF68DFE1540E9B03	
City Doylestown	State PA	Zip Code 18901-0255	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 485.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) Dr. Erin M Roberts			Date of Receipt MM / DD / YYYY 03 / 02 / 2016	
Mailing Address 912 Boyds School Rd			Transaction ID : A67EF46C6E5A24B57A04	
City Gettysburg	State PA	Zip Code 17325-0857	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Hanover Medical Group	Occupation Physician	Election Cycle-to-Date 210.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional).....	2760.00
TOTAL This Period (last page this line number only).....	

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