SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 27
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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)
David Ashe for Congress

A.
Full Name (Last, First, Middle Initial)
Stephen Smith
Mailing Address P.O. Box 1437
City: Hampton State: VA Zip Code: 23661
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: 2004
Primary X General
Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 08 2004
Transaction ID: SA11A1.6691
Amount of Each Receipt this Period: 500.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Stephen Smith
Mailing Address P.O. Box 1437
City: Hampton State: VA Zip Code: 23661
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: 2004
Primary X General
Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 10 08 2004
Transaction ID: SA11A1.6692
Amount of Each Receipt this Period: 500.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Ramona Snipes
Mailing Address 5400 Doon Street
City: Virginia Beach State: VA Zip Code: 23464
FEC ID number of contributing federal political committee: C
Name of Employer: Emergency Physicians of Tidewat
Occupation: Physician
Receipt For: 2004
Primary X General
Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 10 01 2004
Transaction ID: SA11A1.6405
Amount of Each Receipt this Period: 250.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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