

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

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

FOR LINE NUMBER: PAGE 96 / 146
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	<input type="checkbox"/>	15
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	

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NAME OF COMMITTEE (In Full)
Kenneth Lewis for U.S. Senate, Inc.

A.	Full Name (Last, First, Middle Initial) Morris Thompson		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 3418 Jeketer Drive		Transaction ID: C2747069		
	City Winston-Salem	State NC	Zip Code 27105-6949	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer information Requested		Occupation Information Requested			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		100.00	
B.	Full Name (Last, First, Middle Initial) Stafford Thompson Jr		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 6 White Run Ct		Transaction ID: C2744003		
	City Durham	State NC	Zip Code 27712	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer North Carolina mutual Life Insurance C		Occupation Actuary			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		500.00	
C.	Full Name (Last, First, Middle Initial) Steven C. Tolliver		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 1005 Serpentine Lane		Transaction ID: C2746690		
	City Wyncote	State PA	Zip Code 19095	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Aetna US Healthcare		Occupation Attorney			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		100.00	
SUBTOTAL of Receipts This Page (optional)			700.00		
TOTAL This Period (last page this line number only)					

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