

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 12 OF 192
	<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)
Winning Our Future

Full Name (Last, First, Middle Initial)
A. Margaret C. Caveney

Mailing Address 11090 Turtle Beach Road
Unit A203

City North Palm Beach State FL Zip Code 33408

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

Name of Employer Homemaker/Retired Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2012

Transaction ID : SA11AI.9602

Amount of Each Receipt this Period
250000.00

Full Name (Last, First, Middle Initial)
B. Cindy Clark

Mailing Address 4340 E. Waiola Loop

City Kihei State HI Zip Code 96753

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

Name of Employer Self Occupation Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 06 / 2012

Transaction ID : SA11AI.9597

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Ashley M. Classen

Mailing Address PO Box 2457

City Fort Worth State TX Zip Code 76113

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

Name of Employer Trinity Pain Medicine Associates, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 23 / 2012

Transaction ID : SA11AI.9337

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	252000.00
TOTAL This Period (last page this line number only).....▶	