

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

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

FOR LINE NUMBER: PAGE 60 / 210

(check only one)

<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 Trey Grayson

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Ari Deshe</p> <p>Mailing Address 4 Easton Oval</p> <p>City State Zip Code Columbus OH 43219-6010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Safe Auto Insurance Occupation CEO</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 17 / 2010</p> <p>Transaction ID: A-C7493</p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Michael B McCallister</p> <p>Mailing Address 201 W Main Street</p> <p>City State Zip Code Louisville KY 40202-1366</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Humana, Inc. Occupation President & CEO</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2400.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 13 / 2010</p> <p>Transaction ID: A-C7355</p> <p>Amount of Each Receipt this Period 1400.00</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) M. Tara Leonhard</p> <p>Mailing Address 2747 Saint Charles Circle</p> <p>City State Zip Code Union KY 41091-8708</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 400.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 11 / 2010</p> <p>Transaction ID: A-C7249</p> <p>Amount of Each Receipt this Period 100.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) ▶</p>		<p>1800.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>

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