

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

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

FOR LINE NUMBER: PAGE 22 / 144  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ed Towns

**A.** Full Name (Last, First, Middle Initial)  
Harry Dym

Mailing Address 2807 Quentin Rd.

City State Zip Code  
Brooklyn NY 11229

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

Name of Employer Occupation  
The Brooklyn Hospital Oral Surgeon

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C3328934

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Augustus Kalu Ejere

Mailing Address 1064 Clinton Ave. #130

City State Zip Code  
Irvington NJ 07111

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

Name of Employer Occupation  
Promedical Equipment Supp- Medical Equipment Supplier  
lies LLC

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C3332321

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Employee Action Account

Mailing Address 1070 Park Ave.

City State Zip Code  
Bridgeport CT 06604

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C3328854

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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