

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
DONALD NORCROSS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lynda L Hinkle		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 146 Peach Rd		Transaction ID : SA11AI.4476	
City Bellmawr	State NJ	Zip Code 08031	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00	
Name of Employer Law Offices of Lynda Hinkle	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) B. Frederick L Hipp		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 1011 Deacon Rd		Transaction ID : SA11AI.4580	
City Hainesport	State NJ	Zip Code 08036	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Virtua Health	Occupation Health Care Administration		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Leslie D Hirsch		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 28 Mackenzie Ln		Transaction ID : SA11AI.4538	
City Denville	State NJ	Zip Code 07834	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer St. Clarie's Health	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2200.00
TOTAL This Period (last page this line number only).....	2200.00