

**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 10 OF 81
	<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	

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NAME OF COMMITTEE (In Full)  
**Diane Black for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JOAN W. BRUCE**

Mailing Address 175 SNUG HARBOR DR

City Hendersonville State TN Zip Code 37075-4026

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

Name of Employer SELF-EMPLOYED Occupation COUNSELOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : SA11.5465B**

Amount of Each Receipt this Period  
 -2200.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JOAN W. BRUCE**

Mailing Address 175 SNUG HARBOR DR

City Hendersonville State TN Zip Code 37075-4026

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

Name of Employer SELF-EMPLOYED Occupation COUNSELOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : SA11.5467**

Amount of Each Receipt this Period  
 2200.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. LOUIS C. CAMILLERI**

Mailing Address 120 PARK AVE, FLR 6

City New York State NY Zip Code 10017-5579

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

Name of Employer PHILLIP MORRIS INTERNATIONAL, INC. Occupation CHAIRMAN AND CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11.5457**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

**1000.00**