

**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 59 OF 213
	<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)  
**Hagan Forward NC**

**A.** Full Name (Last, First, Middle Initial)  
**William Taylor**

Mailing Address 2413 Millstone Harbour Dr

City Raleigh State NC Zip Code 27603

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

Name of Employer Wake Med Occupation Hospital Administrator

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : INCA687**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dorothy Thornburg**

Mailing Address PO Box 8  
270 Hamsfeld Hall Dr

City Webster State NC Zip Code 28788

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

Name of Employer Not Employed Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : INCA681**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jesse White**

Mailing Address 38 MT Bolus Rd

City Chapel Hill State NC Zip Code 27514

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

Name of Employer Not Employed Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : INCA688**

Amount of Each Receipt this Period  
**500.00**

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

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

**1100.00**