

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 221 OF 372              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Holland & Knight Committee for Effective Government**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. William Mutryn</b>   |                                      | Date of Receipt   |
| Mailing Address 1434 Ingleside Ave  |                                      | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City<br>McLean  | State<br>VA                          | Zip Code<br>22101-3709  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : ADC84DB226A94135A856</b>  |
| Name of Employer<br>Holland & Knight LLP  | Occupation<br>Attorney               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼             | <input type="text" value="500.01"/>   |
|   | <input type="text" value="2000.00"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. William Mutryn</b>   |                                      | Date of Receipt   |
| Mailing Address 1434 Ingleside Ave  |                                      | <input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2015"/> |
| City<br>McLean  | State<br>VA                          | Zip Code<br>22101-3709  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : F3FA9FC1427D46C09891</b>  |
| Name of Employer<br>Holland & Knight LLP  | Occupation<br>Attorney               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼             | <input type="text" value="166.63"/>   |
|   | <input type="text" value="2000.00"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Charles Naftalin</b>   |                                      | Date of Receipt   |
| Mailing Address PO Box 298  |                                      | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/> |
| City<br>Walland   | State<br>TN                          | Zip Code<br>37886-0298  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : 30A918827C9A47EE922D</b>  |
| Name of Employer<br>Holland & Knight LLP  | Occupation<br>Attorney               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼             | <input type="text" value="166.00"/>   |
|   | <input type="text" value="1992.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="832.64"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |