

**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 58 OF 836
	<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)  
**Off the Sidelines PAC**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth McCabe</b>		Date of Receipt
Mailing Address 4850 Connecticut Avenue, NW Apartment 1217		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C7262869</b>
Name of Employer Alliance for Natural Health	Occupation Director of Public Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. James A. McGreevy III</b>		Date of Receipt
Mailing Address 317 N Street, SW		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C7262874</b>
Name of Employer American Beverage Association	Occupation Senior Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Alice McInerney</b>		Date of Receipt
Mailing Address 510 East 86th Street Apartment 11B		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City New York	State NY	Zip Code 10028-7510
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C7442116</b>
Name of Employer Kirby McInerney & Squire, LLP	Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>