

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1213 OF 1973

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
Braley for Iowa

A. Full Name (Last, First, Middle Initial)
Dwight D Allbee

Mailing Address **403 1st Ave NE**

City **Waverly** State **IA** Zip Code **50677-1705**

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **686.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 19 / 2014

Transaction ID : **C10394826A**

Amount of Each Receipt this Period
10.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address **P.O. BOX 441146**

City **SOMERVILLE** State **MA** Zip Code **02144**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **483756.56**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : **C10394826AB**

Amount of Each Receipt this Period
10.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Anne Pelc

Mailing Address **1059 Parklane Rd**

City **Oelwein** State **IA** Zip Code **50662**

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

Name of Employer **Mercy Hospital of Franciscan Srs** Occupation **Pharmacist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1050.56**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : **C10407706A**

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

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

260.00

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