

**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)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**People for Patty Murray**

Full Name (Last, First, Middle Initial)  
**Carroll D. Smith**

A. Mailing Address **11 Elkhorn Way**

City **San Anselmo** State **CA** Zip Code **94960**

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

Name of Employer **Not Employed** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **598.33**

Date of Receipt **02 / 24 / 2015**

Transaction ID : **C9299046**

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)  
**Cheryl Smith**

B. Mailing Address **442 M Street SW**

City **Washington** State **DC** Zip Code **20024**

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

Name of Employer **UNCF** Occupation **Senior Vice President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 09 / 2015**

Transaction ID : **C9300272**

Amount of Each Receipt this Period **1000.00**

Full Name (Last, First, Middle Initial)  
**Denise D Smith**

C. Mailing Address **5320 231st Ave SE**

City **Issaquah** State **WA** Zip Code **98029-9227**

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

Name of Employer **Bell Senior Health** Occupation **Nurse**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt **01 / 22 / 2015**

Transaction ID : **C9291652**

Amount of Each Receipt this Period **150.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **1250.00**

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

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