

**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 93 OF 199
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Rob Zerban for Congress 2014

Full Name (Last, First, Middle Initial) William V Miller		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 3509 Augusta Dr		Transaction ID : VR9S1ASDN78	
City Columbia	State MO	Zip Code 65203-0989	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Univ of Missouri	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00		

Full Name (Last, First, Middle Initial) William V Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 3509 Augusta Dr		Transaction ID : VR9S1ATXYH3	
City Columbia	State MO	Zip Code 65203-0989	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Univ of Missouri	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 525.00		

Full Name (Last, First, Middle Initial) Patrick S Moore		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2014	
Mailing Address 1129 Wright Ave		Transaction ID : VR9S1AKX484	
City Mountain View	State CA	Zip Code 94043-4520	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Self	Occupation Ceo		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00		

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	_____