

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 42

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wasinger for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Cara E Gavin

Mailing Address 47 Landseer Street

City State Zip Code  
West Roxbury MA 02132-2914

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

Name of Employer Occupation  
VA Hospital System Physician

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 8

Transaction ID: A-C88

Amount of Each Receipt this Period

2000.00

undesignated contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Cara E Gavin

Mailing Address 47 Landseer Street

City State Zip Code  
West Roxbury MA 02132-2914

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

Name of Employer Occupation  
VA Hospital System Physician

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 8

Transaction ID: A-I89

Amount of Each Receipt this Period

300.00

Inkind: hosting expenses fundraising eve

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Tim V Gavin

Mailing Address 47 Landseer Street

City State Zip Code  
West Roxbury MA 02132-2914

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

Name of Employer Occupation  
Code Red CEO

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 8

Transaction ID: A-C86

Amount of Each Receipt this Period

2000.00

cash contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

4300.00

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