

**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 35 OF 103               |
|   | <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)  
**MAJORITY COMMITTEE PAC--MC PAC**

**A. Deborah Messick Hohlt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7901 Kent Road  
 City Alexandria State VA Zip Code 22308-1328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Homemaker Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 1457-3965-c**  
 Amount of Each Receipt this Period  
 5000

**B. Prem Reddy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16850 Bear Valley Road  
 City Victorville State CA Zip Code 92395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prime Healthcare Services Occupation Chairman of the Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 2219-3916-c**  
 Amount of Each Receipt this Period  
 5000

**C. Alan Axelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2370 Morrow Road  
 City Pittsburgh State PA Zip Code 15241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Clair Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 2861-3956-c**  
 Amount of Each Receipt this Period  
 2000

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 12000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |          |