

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 138
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Re-Elect Ed Towns

A. Full Name (Last, First, Middle Initial)
Visionary Mental Health Counseling Services

Mailing Address 2108 Linden Boulevard

City State Zip Code
Brooklyn NY 11207

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: C4357603

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Visionary Mental Health Counseling Services

Mailing Address 2108 Linden Boulevard

City State Zip Code
Brooklyn NY 11207

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2010

Transaction ID: C4357606

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Michael Waldorf

Mailing Address 2 River Terrace #28-D

City State Zip Code
New York NY 10282

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

Name of Employer Occupation
Paulson & Co. Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2010

Transaction ID: C4351861

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2400.00**

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