

**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 43 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Robert Lee West

Mailing Address 2603 Brookridge Circle

City Greenville State NC Zip Code 27858

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1075.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 03 / 2014

Transaction ID : SA11AI.35194

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Ms. Kelly Fodor Whitley

Mailing Address 3591 Hillcrest Drive
PO Box 445

City Farmville State NC Zip Code 27828

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

Name of Employer Carolina Medical Products Occupation Plant Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 25 / 2014

Transaction ID : SA11AI.35195

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Kelly Fodor Whitley

Mailing Address 3591 Hillcrest Drive
PO Box 445

City Farmville State NC Zip Code 27828

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

Name of Employer Carolina Medical Products Occupation Plant Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.35196

Amount of Each Receipt this Period
500.00

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

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

1700.00