

**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 36 OF 82
	<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)  
**WESTERMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE A. MAKRIS JR.**

Mailing Address 7 ARBOR DELL

City State Zip Code  
PINE BLUFF AR 71603

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SIMMONS FIRST NATIONAL CORP. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5827**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MS. CAROLE MARTIN**

Mailing Address P.O. BOX 469

City State Zip Code  
MENA AR 71953

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5941**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**DR. KENNETH A. MARTIN**

Mailing Address 5201 NORTHSHORE DRIVE

City State Zip Code  
NORTH LITTLE ROCK AR 72118

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ARKANSAS SURGICAL HOSPITAL LLC PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.6468**

Amount of Each Receipt this Period

PARTNERSHIP ATTRIBUTION - ARKANSAS SURGICAL HOSPITAL LLC  
**[MEMO ITEM]**

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

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