

**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 64 OF 698
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Joe Heck**

Full Name (Last, First, Middle Initial) <b>Otto Sabando</b>		Date of Receipt MM / DD / YYYY 07 / 23 / 2015
Mailing Address <b>68 Terrace Avenue</b>		Transaction ID : <b>50723.C62645</b>
City <b>West Orange</b>	State <b>NJ</b>	Zip Code <b>07052</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1500.00</b>	
Name of Employer <b>St Josephs Medical Center</b>	Occupation <b>Physician</b>	Receipt
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1500.00</b>	

Full Name (Last, First, Middle Initial) <b>Joseph Kuchinski</b>		Date of Receipt MM / DD / YYYY 07 / 23 / 2015
Mailing Address <b>32 Woodland Avenue</b>		Transaction ID : <b>50723.C62639</b>
City <b>Mountain Lakes</b>	State <b>NJ</b>	Zip Code <b>07046</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer <b>Self employed</b>	Occupation <b>Physician</b>	Receipt
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>Steven Friedlander</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2015
Mailing Address <b>2465 Kinney Lane</b>		Transaction ID : <b>50820.C64118</b>
City <b>Reno</b>	State <b>NV</b>	Zip Code <b>89511</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer <b>Nevada Retina Associates</b>	Occupation <b>Physician</b>	Receipt
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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