

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 307  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
Walsh for Montana

Full Name (Last, First, Middle Initial) Ajamie LLP		Date of Receipt 04/15/2014
Mailing Address 711 Louisiana St Ste 2150		Transaction Id: VR9S3ABBAZ4
City Houston	State TX	Zip Code 77002-2720
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period \$2,000.00
Name of Employer	Occupation	PARTNERSHIP--partners below if itemized
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$2,000.00	

Full Name (Last, First, Middle Initial) Thomas Ajamie		Date of Receipt 04/15/2014
Mailing Address Pennzoil Place - South Tower 711 Louisiana		Transaction Id: VR9S3ABBB02
City Houston	State TX	Zip Code 77002
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period \$2,000.00
Name of Employer Ajamie LLP	Occupation Attorney	<b>[MEMO ITEM]</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$2,000.00	

Full Name (Last, First, Middle Initial) Ieva L. Bailey, M.D.		Date of Receipt 04/20/2014
Mailing Address 2318 Westfield Dr		Transaction Id: VR9S3ABBVA5
City Billings	State MT	Zip Code 59106-4718
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period \$25.00
Name of Employer self	Occupation physician	Earmarked Contribution: See Below
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$500.00	

SUBTOTAL of Receipts This Page (optional)	\$2,025.00
TOTAL This Period (last page this line number only)	

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