

**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 519 OF 1124
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Kelly Ayotte, Inc.

Full Name (Last, First, Middle Initial) A. Miriam Adelson		Date of Receipt MM / DD / YYYY 11 / 19 / 2015	
Mailing Address 410 S Rampart Boulevard Suite 440		Transaction ID : A-CF40851	
City Las Vegas	State NV	Amount of Each Receipt this Period 2700	
Zip Code 89145-5749		Amount of Each Receipt this Period 2700	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700	
Name of Employer Adelson Family Foundation	Occupation Chairman	Amount of Each Receipt this Period 2700	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400	Amount of Each Receipt this Period 2700	

Full Name (Last, First, Middle Initial) B. Edmund D. O'Leary		Date of Receipt MM / DD / YYYY 11 / 13 / 2015	
Mailing Address 39 Eastwood Circuit		Transaction ID : A-CF40324	
City West Roxbury	State MA	Amount of Each Receipt this Period 50	
Zip Code 02132		Amount of Each Receipt this Period 50	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50	
Name of Employer Retired	Occupation Retired	Amount of Each Receipt this Period 50	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260	Amount of Each Receipt this Period 50	

Full Name (Last, First, Middle Initial) C. Henry P. Mock		Date of Receipt MM / DD / YYYY 11 / 13 / 2015	
Mailing Address PO Box 237		Transaction ID : A-CF40310	
City Jackson	State NH	Amount of Each Receipt this Period 50	
Zip Code 03846-0237		Amount of Each Receipt this Period 50	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50	
Name of Employer Retired	Occupation Retired	Amount of Each Receipt this Period 50	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 505	Amount of Each Receipt this Period 50	

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	2800.00

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