

**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 33 OF 90
	<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)
DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barbara Olson

Mailing Address 180 Tiger Lily

City State Zip Code
Bridge City TX 77084

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

Name of Employer Occupation
Dr. David Olson Office Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.8060

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Katherine Olson

Mailing Address 16622 Glamis Ln

City State Zip Code
Houston TX 77084

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

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.8423

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Stacey A. Olson

Mailing Address 8875 Taylor Cir

City State Zip Code
Orange TX 77630

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

Name of Employer Occupation
Smiles for Centreville Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.8425

Amount of Each Receipt this Period
500.00

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

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

2000.00