

**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 114 OF 175 |
| | <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)
MCCLINTOCK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. CHARLOTTE MAECK

Mailing Address 2585 PACIFIC AVE

City SAN FRANCISCO State CA Zip Code 94115

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **230.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : INCA102734

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
SUSAN MC NEAR

Mailing Address 19 LA CRESCENTA WAY

City SAN RAFAEL State CA Zip Code 94901

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : INCA102700

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH OLIVERIO

Mailing Address 18031 DEBI LN

City YORBA LINDA State CA Zip Code 92886

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

Name of Employer FIRST TEAM REAL ESTATE Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : INCA102687

Amount of Each Receipt this Period
100.00

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

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

1150.00