

**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 42 OF 205
	<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)
Tom Reed for Congress

A. Full Name (Last, First, Middle Initial)
Avi J Hettena M.D.

Mailing Address 1936 Saranac Avenue
Suite 2-298

City Lake Placid State NY Zip Code 12946-1114

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

Name of Employer AdirondackMedical Center Occupation Medical Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : A-CF10892

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Mr. Andrew Hislop

Mailing Address 370 Lanning Road

City Honeoye Falls State NY Zip Code 14472-9741

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

Name of Employer LeCesse Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : A-CF10937

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Lindsay D. Hooper

Mailing Address 3733 N Tazewell Street

City Arlington State VA Zip Code 22207-4572

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

Name of Employer Capitol Tax Partners Occupation Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1100**

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : A-CF11018

Amount of Each Receipt this Period
1000

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

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

3000.00