

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

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

FOR LINE NUMBER: PAGE 240 / 3300

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Martha Coakley for Senate

<p>A. Full Name (Last, First, Middle Initial) Anne Urban</p>	<p>Date of Receipt</p>
<p>Mailing Address 113 Grafton Street</p>	<p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p>
<p>City State Zip Code Chavv Chase MD 20815</p>	<p>Transaction ID: C3444652</p>
<p>FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value=""/></p>	<p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Name of Employer Occupation Venn Strategies Consultant</p>	
<p>Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p>Election Cycle-to-Date ▼ <input type="text" value="250.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Thomas Gray</p>	<p>Date of Receipt</p>
<p>Mailing Address PO Box 1008</p>	<p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p>
<p>City State Zip Code Norwich VT 05055</p>	<p>Transaction ID: C3449082</p>
<p>FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value=""/></p>	<p>Amount of Each Receipt this Period <input type="text" value="100.00"/></p>
<p>Name of Employer Occupation American Wind Energy Association Association Executive</p>	
<p>Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p>Election Cycle-to-Date ▼ <input type="text" value="200.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) John p Mcloskey</p>	<p>Date of Receipt</p>
<p>Mailing Address 9 Ward Dr</p>	<p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p>
<p>City State Zip Code Wilbraham MA 01095</p>	<p>Transaction ID: C3412472</p>
<p>FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value=""/></p>	<p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>Name of Employer Occupation MassMutual Insurance</p>	
<p>Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General</p>	<p>Election Cycle-to-Date ▼ <input type="text" value="250.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) <input type="text" value="600.00"/></p>	
<p>TOTAL This Period (last page this line number only) <input type="text" value=""/></p>	

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