

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 62
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Indiana Democratic Congressional Victory Committee**

**A. Kevin J. Kelly M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4405 Old Mill Rd

City Fort Wayne State IN Zip Code 46807-2551

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

Name of Employer Fort Wayne Cardiology Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 03 / 28 / 2014

Transaction ID : **C20638966**

Amount of Each Receipt this Period 950.00

**[MEMO ITEM]**  
\* State Party Victory Fund

**B. William J. Knight**  
Full Name (Last, First, Middle Initial)

Mailing Address 1305 N Lawrence St

City South Bend State IN Zip Code 46617-1312

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

Name of Employer Notre Dame Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 03 / 11 / 2014

Transaction ID : **C20638967**

Amount of Each Receipt this Period 950.00

**[MEMO ITEM]**  
\* State Party Victory Fund

**C. Dan O Connor**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 W McKenzie Rd

City Greenfield State IN Zip Code 46140-1017

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

Name of Employer retired Occupation retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.25

Date of Receipt 03 / 11 / 2014

Transaction ID : **C20638962**

Amount of Each Receipt this Period 204.25

**[MEMO ITEM]**  
\* State Party Victory Fund

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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