

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

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

FOR LINE NUMBER: PAGE 28 / 135

(check only one)

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

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NAME OF COMMITTEE (in Full)

DANIEL MONGIARDO FOR US SENATE

<p>A. Full Name (Last, First, Middle Initial) Christina Lee Brown</p> <p>Mailing Address P.O. Box 1080 850 Dixie Highway</p> <p>City State Zip Code Louisville KY 40201</p> <p>FEC ID number of contributing federal political committee: C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2004 X Primary General Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000 00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 4</p> <p>Transaction ID: C3221132</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B. Full Name (Last, First, Middle Initial) Joseph Graviss</p> <p>Mailing Address 100 United Dr 4th Floor, Ste 4-c</p> <p>City State Zip Code Versailles KY 40383-2408</p> <p>FEC ID number of contributing federal political committee: C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2004 Primary X General Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4000 00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 4</p> <p>Transaction ID: C3217662</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C. Full Name (Last, First, Middle Initial) Jovita Chazarara, M.D.</p> <p>Mailing Address 215 Argyll Cir</p> <p>City State Zip Code Hazard KY 41701-9442</p> <p>FEC ID number of contributing federal political committee: C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2004 X Primary General Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 4</p> <p>Transaction ID: C3212312</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)