

**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 17 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MARION KIM JOHNSON

Mailing Address **224 TIGER CIRCLE**

City **GILBERT** State **SC** Zip Code **29054-8779**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 21 / 2014

Transaction ID : SA11.102255

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
WILLIAM A. JOHNSON

Mailing Address **317 OAKBROOK DRIVE**

City **COLUMBIA** State **SC** Zip Code **29223-8119**

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

Name of Employer **COLUMBIA EYE CLINIC, P.A.** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.101984

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARIE W. KLECKLEY

Mailing Address **3763 MINERAL SPRINGS ROAD**

City **LEXINGTON** State **SC** Zip Code **29073-9222**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.101893

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

300.00