

**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 99 OF 239
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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NAME OF COMMITTEE (In Full)  
**Friends for Harry Reid**

Full Name (Last, First, Middle Initial) <b>A. Dattatreya Nori</b>		Date of Receipt M M / D D / Y Y Y Y 06 28 2013	
Mailing Address 27 Corn Crib Lane		Transaction ID : <b>C20001389</b>	
City State Zip Code Roslyn Heights NY 11577	Amount of Each Receipt this Period , , 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 500.00	
Name of Employer New York Hospital Medical Center	Occupation Physician	Amount of Each Receipt this Period , , 500.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 500.00	

Full Name (Last, First, Middle Initial) <b>B. Deane A. Albright</b>		Date of Receipt M M / D D / Y Y Y Y 06 28 2013	
Mailing Address 4286 Muirwood Circle		Transaction ID : <b>C20001409</b>	
City State Zip Code Reno NV 89509	Amount of Each Receipt this Period , , 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 250.00	
Name of Employer Albright Persing & Associates Ltd.	Occupation CPA	Amount of Each Receipt this Period , , 250.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 250.00	

Full Name (Last, First, Middle Initial) <b>C. David S. Chernow</b>		Date of Receipt M M / D D / Y Y Y Y 06 10 2013	
Mailing Address 109 Lavynndon Ln		Transaction ID : <b>C19979659</b>	
City State Zip Code Mechanicsburg PA 17055	Amount of Each Receipt this Period , , 1500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 1500.00	
Name of Employer Select Medical Corporation	Occupation President	Amount of Each Receipt this Period , , 1500.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 1500.00	

SUBTOTAL of Receipts This Page (optional).....	, , 2250.00
TOTAL This Period (last page this line number only).....	, ,

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