

**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 153 OF 579
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF CHRIS MCDANIEL**

Full Name (Last, First, Middle Initial) <b>LAWRENCE GELMAN</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 3900 SUNDOWN DRIVE		Transaction ID : SA11AI.48220
City MCALLEN	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer MCALLEN ANESTHESIA	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 6700.00	

Full Name (Last, First, Middle Initial) <b>LAWRENCE GELMAN</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 3900 SUNDOWN DRIVE		Transaction ID : SA11AI.57869
City MCALLEN	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer MCALLEN ANESTHESIA	Occupation PHYSICIAN	EXCESS TO BE REFUNDED
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 7700.00	

Full Name (Last, First, Middle Initial) <b>MR. BOYD A GEORGE</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 3411 HERONS POINTE LANE		Transaction ID : SA11AI.62072
City KATY	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2650.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020100492