

**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 44 OF 194
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) BUDDHIKA JAYAMAHA		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2014
Mailing Address 17330 W RIVERBIRCH DRIVE APARTMENT		Transaction ID : SA11AI.8433
City BROOKFIELD	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NORTHWESTERN UNIVERSITY	Occupation GRADUATE STUDENT	
Receipt For: 2014 <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) MR. BRADLEY W JORDAN		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2014
Mailing Address 17 BURGEVIN STREET		Transaction ID : SA11AI.8882
City KINGSTON	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer HERZOG'S TRUE VALUE	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) RAINA E JOSBERGER		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2014
Mailing Address 61 HINRICHSEN HGTS. RD.		Transaction ID : SA11AI.9294
City COXSACKIE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NYS DEPARTMENT OF HEALTH	Occupation EXECUTIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	