

**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)

11a  11b  11c  11d

12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WINNING WOMEN FOR THE US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**Jackson Healthcare LLC**

Mailing Address 2655 Northwinds Pkwy

City Alpharetta State GA Zip Code 30009

FEC ID number of contributing federal political committee.

Name of Employer Partner: Mary C Blacker Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period

See Partner Memo

**B.** Full Name (Last, First, Middle Initial)  
**Mary Blacker**

Mailing Address 2655 Northwinds Pkwy

City Alpharetta State GA Zip Code 30009

FEC ID number of contributing federal political committee.

Name of Employer Jackson Healthcare Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : SA11AI.4123.0

Amount of Each Receipt this Period

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**Robert L. Kaminski**

Mailing Address 3963 Maple Ave.  
Ste. 190

City Dallas State TX Zip Code 75219

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Private Investor

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period

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

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

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