

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Foster for Congress

A. Full Name (Last, First, Middle Initial) Joan F Pine		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2013	
Mailing Address 1210 Chicago Ave Apt 503		Transaction ID : C19979775	
City Evanston	State IL	Zip Code 60202-6515	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) Michael B Pine		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2013	
Mailing Address 1210 Chicago Ave Apt 503		Transaction ID : C19979776	
City Evanston	State IL	Zip Code 60202-6515	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MPA, Inc.	Occupation Medical Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) Stuart Pivar		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2013	
Mailing Address 15 W 67th St		Transaction ID : C19963504	
City New York	State NY	Zip Code 10023-6226	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Scientist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		2000.00	
TOTAL This Period (last page this line number only).....			