

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 85 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Heartland Values PAC

A. Daniel P Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 2506 Duxbury Pl

City Alexandria State VA Zip Code 22308-2138

FEC ID number of contributing federal political committee. **C**

Name of Employer The Duberstein Group Inc Occupation Senior VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2012

Transaction ID : AC8F663E8E51C4BA080D

Amount of Each Receipt this Period
 1000.00

B. Robert J Dotchin
Full Name (Last, First, Middle Initial)

Mailing Address 412 N Saint Asaph St

City Alexandria State VA Zip Code 22314-2318

FEC ID number of contributing federal political committee. **C**

Name of Employer Adcovacy Group Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2012

Transaction ID : ABD38B93CDA6C46B6866

Amount of Each Receipt this Period
 500.00

C. Gil Genn
Full Name (Last, First, Middle Initial)

Mailing Address 8521 Churchill Downs Rd

City Gaithersburg State MD Zip Code 20882-1443

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Hill Strategic Advocates LLC Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : A89B0632A4F034325AF5

Amount of Each Receipt this Period
 1500.00

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| TOTAL This Period (last page this line number only)..... | |