

**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 545 OF 863
	<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	

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)  
**RUBIO VICTORY COMMITTEE**

**A. Mrs. Joanne C. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Robley Rd  
 City Salinas State CA Zip Code 93908-8900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **6200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013  
**Transaction ID : A282A9FAE144147E5812**  
 Amount of Each Receipt this Period  
**4700.00**

**B. Thomas Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 966 Cass St., Ste. 150  
 City Monterey State CA Zip Code 93940-4522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellSpring Associates, Inc. Occupation Healthcare Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013  
**Transaction ID : A390F0063DE084A4C960**  
 Amount of Each Receipt this Period  
**5200.00**

**C. Miss Daisy Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1282 Rolland Curtis Pl  
 City Los Angeles State CA Zip Code 90037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **0.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : A40FE63371CA04EAD9CD**  
 Amount of Each Receipt this Period  
**-35.00**  
 Returned Check

**SUBTOTAL** of Receipts This Page (optional)..... **9865.00**  
**TOTAL** This Period (last page this line number only).....