

**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 6 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR. KARIM BENALI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2014 <b>Transaction ID : SA11AI.5067</b>
Mailing Address 6 BLUE HERON LANE		Amount of Each Receipt this Period 1200.00
City MANCHESTER	State MA	Zip Code 01944
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1200.00
Name of Employer ABIOMED	Occupation CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. THOMAS BERK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2014 <b>Transaction ID : SA11AI.5126</b>
Mailing Address 34 MAYFLOWER LANE		Amount of Each Receipt this Period 5000.00
City DUXBURY	State MA	Zip Code 02332
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 5000.00
Name of Employer BROWN BROTHERS HARRIMAN	Occupation PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MARK BERTOLINI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014 <b>Transaction ID : SA11AI.5105</b>
Mailing Address 14 WEST HILL		Amount of Each Receipt this Period 2500.00
City WEST HARFORD	State CT	Zip Code 06119
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer AETNA	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	