

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

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

FOR LINE NUMBER: PAGE 11 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Friends of Medical Research Political Action Committee**

**A. Greg Manocherian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 S. Bedford Road  
 City Pound Ridge State NY Zip Code 10576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : SA11AI.4388**  
 Amount of Each Receipt this Period **5000.00**  
 2015 FOMR PAC Contribution

**B. Jennifer Manocherian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Griffen Avenue  
 City Scarsdale State NY Zip Code 10583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Theater Producer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : SA11AI.4377**  
 Amount of Each Receipt this Period **5000.00**  
 2015 FOMR PAC Contribution

**C. Kim L Manocherian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 S. Bedford Road  
 City Pound Ridge State NY Zip Code 10576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation N/A  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : SA11AI.4376**  
 Amount of Each Receipt this Period **5000.00**  
 2015 FOMR PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **15000.00**  
**TOTAL** This Period (last page this line number only).....