

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

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

FOR LINE NUMBER:

PAGE 29 OF 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)  
**Nick Casey for WV**

Full Name (Last, First, Middle Initial)

**Sami M Ghareeb DDS**

Mailing Address PO Box 566

City

Poca

State

WV

Zip Code

25159-0566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Dentist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		10		2014

Transaction ID : VN8KNBWSXC4

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Sami M Ghareeb DDS**

Mailing Address PO Box 566

City

Poca

State

WV

Zip Code

25159-0566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Dentist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		19		2014

Transaction ID : VN8KNC9BCX8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Martin J. Glasser**

Mailing Address 1515 Thomas Cir

City

Charleston

State

WV

Zip Code

25314-1622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEWIS GLASSER CASEY &amp; ROLLINS

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		19		2014

Transaction ID : VN8KNC98B39

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00