

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

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

FOR LINE NUMBER:
(check only one)

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

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)
Linda Lingle Senate Committee

Full Name (Last, First, Middle Initial)
John K Castle

Mailing Address **1095 N Ocean Bld.**

City **Palm Beach** State **FL** Zip Code **33480-3230**

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

Name of Employer **Castle Harlan, Inc.** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify) Election Cycle-to-Date **5000.00**

Date of Receipt

03 / **31** / **2012**

Transaction ID : **A161406A39E17464581A**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)
Robert D McCallum Jr.

Mailing Address **2101 Connecticut Ave., NW Apt. 47**

City **Washington** State **DC** Zip Code **20008-1756**

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

Name of Employer **Fulbright & Jaworski LLP** Occupation **Attorney**

Receipt For: 2012
 Primary General
 Other (specify) Election Cycle-to-Date **250.00**

Date of Receipt

02 / **27** / **2012**

Transaction ID : **A3C01C61B3D0245F6BD5**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)
Leo M Maher MD

Mailing Address **1380 Lusitana St. #1012**

City **Honolulu** State **HI** Zip Code **96813-2461**

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

Name of Employer **Dr. Leo M Maher, MD** Occupation **Neurologist**

Receipt For: 2012
 Primary General
 Other (specify) Election Cycle-to-Date **600.00**

Date of Receipt

03 / **19** / **2012**

Transaction ID : **AA9E7E1B6EEB744C7965**

Amount of Each Receipt this Period

600.00

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

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

3350.00

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