

**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 37 OF 93
	<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)  
**WE THE PEOPLE, NOT WASHINGTON**

**A. Raymond Martinez**  
Full Name (Last, First, Middle Initial)

Mailing Address 796 Port Monmouth Road

City Port Monmouth State NJ Zip Code 07758

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

Name of Employer State Of New Jersey Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11AI.4354**

Amount of Each Receipt this Period  
 250.00

**B. Patrick H Mccarthy**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Sequoia Drive

City Rensselaer State NY Zip Code 12144

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

Name of Employer Mercury Public Affairs Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11AI.4403**

Amount of Each Receipt this Period  
 1000.00

**C. Joseph R Mirto**  
Full Name (Last, First, Middle Initial)

Mailing Address 580 Park Avenue

City New York State NY Zip Code 10065

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

Name of Employer Self Employed Occupation Chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11AI.4347**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	