

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 OF 380
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Van Hollen for Senate

<p>A. Full Name (Last, First, Middle Initial) Gary A. Winters</p> <p>Mailing Address 714 Hermleigh Rd.</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Silver Spring</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 20902-1601</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer Mayer Brown Rower MAW, LLP</td> <td style="width: 33%;">Occupation Attorney</td> <td style="width: 33%;"></td> </tr> </table> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>Election Cycle-to-Date 250.00</p>	City Silver Spring	State MD	Zip Code 20902-1601	Name of Employer Mayer Brown Rower MAW, LLP	Occupation Attorney		<p>Date of Receipt MM / DD / YYYY 03 / 31 / 2015</p> <p>Transaction ID : C10367836</p> <p>Amount of Each Receipt this Period 250.00</p>
City Silver Spring	State MD	Zip Code 20902-1601					
Name of Employer Mayer Brown Rower MAW, LLP	Occupation Attorney						
<p>B. Full Name (Last, First, Middle Initial) C. Lawrence Wiser</p> <p>Mailing Address 3210 Wake Dr</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Kensington</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 20895-3215</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer Self</td> <td style="width: 33%;">Occupation Attorney</td> <td style="width: 33%;"></td> </tr> </table> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>Election Cycle-to-Date 1000.00</p>	City Kensington	State MD	Zip Code 20895-3215	Name of Employer Self	Occupation Attorney		<p>Date of Receipt MM / DD / YYYY 03 / 23 / 2015</p> <p>Transaction ID : C10360631</p> <p>Amount of Each Receipt this Period 1000.00</p>
City Kensington	State MD	Zip Code 20895-3215					
Name of Employer Self	Occupation Attorney						
<p>C. Full Name (Last, First, Middle Initial) Samuel M. Witten</p> <p>Mailing Address 7412 Honesty Way</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Bethesda</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 20817</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer Arnold and Porter</td> <td style="width: 33%;">Occupation Attorney</td> <td style="width: 33%;"></td> </tr> </table> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>Election Cycle-to-Date 5400.00</p>	City Bethesda	State MD	Zip Code 20817	Name of Employer Arnold and Porter	Occupation Attorney		<p>Date of Receipt MM / DD / YYYY 03 / 20 / 2015</p> <p>Transaction ID : C10360647</p> <p>Amount of Each Receipt this Period 5400.00</p>
City Bethesda	State MD	Zip Code 20817					
Name of Employer Arnold and Porter	Occupation Attorney						
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>6650.00</p> <p></p>					

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