

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

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

FOR LINE NUMBER: PAGE 7 / 1055
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bera for Congress

<p>A. Full Name (Last, First, Middle Initial) Debra A. Abbaszadeh</p> <p>Mailing Address Post Office Box 60188</p> <p>City State Zip Code Sacramento CA 95860</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation n/a Homemaker</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2010</p> <p>Transaction ID: INCA5321</p> <p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2400.00</p>	

<p>B. Full Name (Last, First, Middle Initial) Reza Abbaszadeh</p> <p>Mailing Address 384 Wyndgate Road</p> <p>City State Zip Code Sacramento CA 95864</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Access Dental Plan CEO</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2010</p> <p>Transaction ID: INCA5322</p> <p>Amount of Each Receipt this Period 2400.00</p>
<p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">4800.00</p>	

<p>C. Full Name (Last, First, Middle Initial) Susan Abbott Rogge</p> <p>Mailing Address 2797 Azalea Road</p> <p>City State Zip Code Sacramento CA 95864</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UC Davis Nurse Practitioner</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2010</p> <p>Transaction ID: INCA5148</p> <p>Amount of Each Receipt this Period 50.00</p>
<p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">60.00</p>	

SUBTOTAL of Receipts This Page (optional)	2850.00
TOTAL This Period (last page this line number only)	