

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MEL WATT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Janice Valder		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007
Mailing Address 1418 Euclid Ave		Transaction ID: C3006
City State Zip Code Charlotte NC 28203-4528	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. Clarence Walker		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007
Mailing Address 1047 Ardsley Rd		Transaction ID: C3034
City State Zip Code Charlotte NC 28207-1815	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer KENNEDY COVINGTON Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ATTORNEY Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. Lester Wallace		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2007
Mailing Address 201 King Owen Ct		Transaction ID: C3159
City State Zip Code Charlotte NC 28211-4097	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Self Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	