

**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)	PAGE	OF
<input 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	

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) **Cary Capparelli for Congress**

A. Full Name (Last, First, Middle Initial)
Menard, John R. Jr.

Mailing Address
603 Lampligher Ct.

City **Eau Claire** State **Wi.** Zip Code **54703**

FEC ID number of contributing federal political committee. **C 00457671**

Name of Employer **Menard** Occupation **self employed**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
01 / **28** / **2009**

Amount of Each Receipt this Period
200 00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jenkins, Paul

Mailing Address
27 E. Monroe St.

City **Chicago** State **IL.** Zip Code **60603**

FEC ID number of contributing federal political committee. **C 00457671**

Name of Employer **WSDI** Occupation **Executive**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
01 / **28** / **2009**

Amount of Each Receipt this Period
50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Salles, Julie Kim

Mailing Address
3039 Motor Ave.

City **Los Angeles** State **CA.** Zip Code **90064**

FEC ID number of contributing federal political committee. **C 00457671**

Name of Employer **LA. County Dept. of child wellfar** Occupation **Social Worker**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
01 / **27** / **2009**

Amount of Each Receipt this Period
100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

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

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

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