

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

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

FOR LINE NUMBER: PAGE 6 OF 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Ending Spending Action Fund

A. Dr. Miriam Adelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3355 Las Vegas Blvd. S.
 City Las Vegas State NV Zip Code 89109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adelson Clinic Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2012
Transaction ID : SA11AI.4508
 Amount of Each Receipt this Period
 500000.00

B. Sheldon G. Adelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3355 Las Vegas Blvd. S.
 City Las Vegas State NV Zip Code 89109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Las Vegas Sands Corp. Occupation chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2012
Transaction ID : SA11AI.4509
 Amount of Each Receipt this Period
 500000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000000.00
TOTAL This Period (last page this line number only).....▶	1000000.00