

**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 12 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jennifer Jackson		Date of Receipt
	Mailing Address 15 Jenda Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2008
	City	State	Zip Code
	Madison	CT	06443
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.25815
Name of Employer Connecticut Hosp. Assoc.		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

B.	Full Name (Last, First, Middle Initial) Dr. Edward S. Johnson		Date of Receipt
	Mailing Address 114 Woodland Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 21 / 2008
	City	State	Zip Code
	Hartford	CT	06105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.25800
Name of Employer Saint Francis Hospital		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

C.	Full Name (Last, First, Middle Initial) J. Kevin Kinsella		Date of Receipt
	Mailing Address 87 Woodrow Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2008
	City	State	Zip Code
	West Hartford	CT	06107
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.25898
Name of Employer Hartford Hospital		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	