

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

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

FOR LINE NUMBER: PAGE 64 / 168

(check only one)

<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)
VOINOVICH FOR U.S. SENATE

<p>A. Full Name (Last, First, Middle Initial) Mr. Thomas A. Wheelan</p> <p>Mailing Address 5326 Indian Shores Lane</p> <p>City Houston State TX Zip Code 77041</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer medical supplies company Occupation owner</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>		<p>Date of Receipt MM / DD / YYYY 09 / 19 / 2008</p> <p>Transaction ID: 0136745</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Frank D. Foley, III</p> <p>Mailing Address Post Office Box 2447</p> <p>City Columbus State GA Zip Code 31902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer medical industry Occupation executive</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000.00</p>		<p>Date of Receipt MM / DD / YYYY 09 / 19 / 2008</p> <p>Transaction ID: 0136746</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C. Full Name (Last, First, Middle Initial) Edgar B. Jackson, Jr., M.D.</p> <p>Mailing Address 17617 Van Aken Boulevard</p> <p>City Shaker Hts. State OH Zip Code 44120</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer University Hospitals of Cleveland Occupation senior advisor</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>		<p>Date of Receipt MM / DD / YYYY 09 / 19 / 2008</p> <p>Transaction ID: 0136750</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>		<p>3250.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

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