

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 168
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Committee for an Effective Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Donald Lateiner		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 49 Forest Ave		<b>Transaction ID:</b> NCEC----162220070521
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 1001.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Ohio Wesleyan University Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth D. Trussell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 353 E 17th St Apt 24B		<b>Transaction ID:</b> NCEC----176420070524
City State Zip Code New York NY 10003	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Lawrence J. Fine		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 1943 Biltmore St NW		<b>Transaction ID:</b> NCEC----181720070521
City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation US government Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1501.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	