

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 10 |
| | <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)
XLHEALTH CORPORATION PAC (XLHEALTH PAC)

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Ragenea Thompson | | Date of Receipt |
| | Mailing Address 351 West Camden Street, Suite 100 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 1 / 2 0 1 0 |
| | City | State | Zip Code |
| | Baltimore | MD | 21201 |
| | FEC ID number of contributing federal political committee. | <input type="text"/> C <input type="text"/> | Transaction ID: SA11AI.4231 |
| Name of Employer XLHealth Corp | | Occupation Insurance Regulatory Counsel | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 300.00 | <input type="text"/> 150.00 |
| | | | payroll deduction - \$150/-month |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) Kristen Valdes | | Date of Receipt |
| | Mailing Address 351 West Camden Street, Suite 100 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 1 / 2 0 1 0 |
| | City | State | Zip Code |
| | Baltimore | MD | 21201 |
| | FEC ID number of contributing federal political committee. | <input type="text"/> C <input type="text"/> | Transaction ID: SA11AI.4228 |
| Name of Employer XLHealth Corp | | Occupation Sr. Director R&O/Forager | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 400.00 | <input type="text"/> 200.00 |
| | | | payroll deduction - \$200/-month |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 350.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> 2366.67 |