

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3800 / 15977  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**OBAMA VICTORY FUND**

**A.**

Full Name (Last, First, Middle Initial) Patrick J Eiding		Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 0 / 1 6 / 2 0 0 8</span>
Mailing Address 22 S 22nd St Fl 2		<b>Transaction ID:</b> 20621469
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span>
Name of Employer Phila Council Aff-Cio	Occupation Labor Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span>	

**B.**

Full Name (Last, First, Middle Initial) Ms. Emily Eig		Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 0 / 2 7 / 2 0 0 8</span>
Mailing Address 3712 Thornapple St		<b>Transaction ID:</b> 20938542
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span>
Name of Employer EHT Traceries, Inc.	Occupation Architectural Historian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span>	

**C.**

Full Name (Last, First, Middle Initial) Robert J Einhorn		Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 0 / 2 4 / 2 0 0 8</span>
Mailing Address 2861 Brandywine St NW		<b>Transaction ID:</b> 20787034
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2300.00</span>
Name of Employer CSIS	Occupation Policy Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2300.00</span>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4300.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	