

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 429
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Courtney for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Christine B Erikson		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2006	
Mailing Address 1414 S. Main Street		<b>Transaction ID:</b> C7093	
City State Zip Code South Windsor CT 06074		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ct Children's Medical Center	Occupation Hospital Controller		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1435.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Christine B Erikson		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 1414 S. Main Street		<b>Transaction ID:</b> C8053	
City State Zip Code South Windsor CT 06074		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ct Children's Medical Center	Occupation Hospital Controller		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1435.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Ernst		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006	
Mailing Address 11 Vinal St #4		<b>Transaction ID:</b> C7069	
City State Zip Code Brighton MA 02135		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer MIT	Occupation Teacher		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	