

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

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

FOR LINE NUMBER: PAGE 308 / 544
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 Volunteer PAC

A. Richard Will Full Name (Last, First, Middle Initial) Mailing Address 990B Shrewsbury Ct. City State Zip Code Montgomery Village MD 20886-1334		Date of Receipt M / D / Y Y Y Y 10 / 12 / 2005 Transaction ID: 60107.C62758 Amount of Each Receipt this Period 100.00
Name of Employer Leggi Mason Occupation Financial Advisor	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00 Receipt

B. Donald Williams Full Name (Last, First, Middle Initial) Mailing Address 802 Foster Hill City State Zip Code Nashville TN 37215		Date of Receipt M / D / Y Y Y Y 09 / 20 / 2005 Transaction ID: 51007.C58150 Amount of Each Receipt this Period 250.00
Name of Employer Marsh USA Occupation Insurance	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00 Receipt

C. Ira L. Wilkins Full Name (Last, First, Middle Initial) Mailing Address 3206 20th St. City State Zip Code Lubbock TX 79410-1410		Date of Receipt M / D / Y Y Y Y 09 / 06 / 2005 Transaction ID: 50910.C58104 Amount of Each Receipt this Period 250.00
Name of Employer Retired Occupation Retired	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00 Receipt

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	