

**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 1 OF 1

<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
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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)

**AMERICAN TASK FORCE FOR LEBANON LEGISLATIVE COUNCIL/PAC**

Full Name (Last, First, Middle Initial) <b>A. Fares, Nijad I.</b>			Date of Receipt 05 / 12 / 2006		
Mailing Address 1415 Louisiana - Ste 3040			Amount of Each Receipt this Period 1,000 00		
City Houston	State TX	Zip Code 77002			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1,000 00		
Name of Employer Link Group, Inc.		Occupation Chairman & CEO			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1,000 00			

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Receipt		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Receipt		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	1,000 00

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