

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Deputy for Congress

Full Name (Last, First, Middle Initial)
Dave Deha

Mailing Address
500 South Albert Pike #4

City
Ft Smith State **AR** Zip Code **72901**

FEC ID number of contributing federal political committee.
C100368845

Name of Employer
Self Occupation
dentist

Receipt For: Primary General Other (specify) Election Cycle-to-Date

Date of Receipt
03 / 15 / 2005

Amount of Each Receipt this Period
2000.00
converted loan to cash

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Primary General Other (specify) Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Primary General Other (specify) Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

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

25038780113