

**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 17 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elizabeth Emken for US Senate

Full Name (Last, First, Middle Initial) The Republican Club of Laguna Woods		Date of Receipt MM / DD / YYYY 10 / 05 / 2012
A. Mailing Address PO Box 2272 City State Zip Code Laguna Hills, CA 92654		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	Contribution from permissible funds
Receipt For: G2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Janice Tramel		Date of Receipt MM / DD / YYYY 10 / 05 / 2012
B. Mailing Address 3316 Kathy Ave. City State Zip Code Modesto, CA 95355		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C	Name of Employer n/a Occupation Retired	
Receipt For: G2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Elizabeth Lee Vliet		Date of Receipt MM / DD / YYYY 10 / 05 / 2012
C. Mailing Address PO Box 64507 City State Zip Code Tucson, AZ 85728		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	Name of Employer Hormone Health Strategies, Inc. Occupation Physician	
Receipt For: G2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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