

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

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

FOR LINE NUMBER:		PAGE 30 / 132	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Georgians for Isakson

<b>A.</b> Full Name (Last, First, Middle Initial) MR. Sanford Cohn Mailing Address 6065 Roswell Rd NE Ste 720 City Atlanta State GA Zip Code 30328-4017 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2007 Transaction ID: 70808.C25532 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed Occupation Attorney Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3100.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR. Goodman Espy., III Mailing Address 72 Plaza Way NW City Marietta State GA Zip Code 30060-1104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007 Transaction ID: 70808.C25142 Amount of Each Receipt this Period 800.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer OB-GYN Associates Occupation Doctor Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2900.00		
<b>C.</b> Full Name (Last, First, Middle Initial) DR. Goodman Espy., III Mailing Address 72 Plaza Way NW City Marietta State GA Zip Code 30060-1104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007 Transaction ID: 70808.C25139 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer OB-GYN Associates Occupation Doctor Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3100.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		1200.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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