

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 50
	(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)  
Dreier For Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Chang-Ron Lee		Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 658 Canterbury Road		<b>Transaction ID:</b> A-C5101
	City San Marino	State CA	Zip Code 91108-1342
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Information Requested Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Matthew Lin		Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 1050 Oak Grove Avenue		<b>Transaction ID:</b> A-C4562
	City San Marino	State CA	Zip Code 91108-1026
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
	Name of Employer Information Requested Pacific Orthopedic Medical Gro Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Surgeon Election Cycle-to-Date ▼ 2400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Carole McNeil		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 1001 California Street # 6		<b>Transaction ID:</b> A-C6329
	City San Francisco	State CA	Zip Code 94108-2203
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
	Name of Employer Information Requested McNeil Properties Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Owner Election Cycle-to-Date ▼ 2400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5300.00
<b>TOTAL</b> This Period (last page this line number only) .....	