

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BATTLE BORN POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Margaret C. Binzer</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address <b>5114 Cherokee Ave</b>		<b>Transaction ID: SA11A1.5359</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22312</b>
Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>McKenna Long</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michael D. Bromberg</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address <b>2101 Connecticut Ave NW #35</b>		<b>Transaction ID: SA11A1.5375</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20008</b>
Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Capitol Health Group</b>	Occupation <b>Chairman</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Shawn Coughlin</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address <b>4401 Upland Dr</b>		<b>Transaction ID: SA11A1.5383</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22310</b>
Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Capitol Health Group</b>	Occupation <b>Principal</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	