

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

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

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Tallatchee Creek, Inc.

Full Name (Last, First, Middle Initial) <b>A. Kenneth Godlewski</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2004
Mailing Address 2013 Huntwood Drive		Transaction ID: 41006.C136
City Gambrills	State MD	Zip Code 21054-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Kilpatrick Stockton LLP	Occupation Partner	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Fred Grenade</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2004
Mailing Address Post Office Box 1267		Transaction ID: 41006.C155
City Bay Minette	State AL	Zip Code 36507-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Stons. Grenade & Crosby, P.C.	Occupation Attorney	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Anuradha Manchikanti</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2004
Mailing Address 305 Forest Ridge Drive		Transaction ID: 41006.C148
City Paducah	State KY	Zip Code 42003-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer 4 Rivers Pharmacy	Occupation Pharmacist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3400.00</b>
TOTAL This Period (last page this line number only) .....	▶	