

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 7
	<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)
 GOP Generation Y Fund

A. Full Name (Last, First, Middle Initial)
 Dr. Theresa Falcon-Cullinan, M.D.
 Mailing Address 308 E Morningside Dr
 City Peoria State IL Zip Code 61614
 Date of Receipt 06 / 30 / 2009
 Transaction ID: SA11AI.4104
 Amount of Each Receipt this Period 10000.00
 Note: Re-attribution Required
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10000.00
 FEC ID number of contributing federal political committee. C

B. Full Name (Last, First, Middle Initial)
 Mark Petersen
 Mailing Address 830 W Trailcreek Dr
 City Peoria State IL Zip Code 61614
 Date of Receipt 06 / 30 / 2009
 Transaction ID: SA11AI.4107
 Amount of Each Receipt this Period 5000.00
 Name of Employer Petersen Health Care Occupation Owner
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00
 FEC ID number of contributing federal political committee. C

C. Full Name (Last, First, Middle Initial)
 Vicki Petersen
 Mailing Address 830 W Trailcreek Dr
 City Peoria State IL Zip Code 61614
 Date of Receipt 06 / 30 / 2009
 Transaction ID: SA11AI.4109
 Amount of Each Receipt this Period 5000.00
 Name of Employer None Occupation Homemaker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00
 FEC ID number of contributing federal political committee. C

SUBTOTAL of Receipts This Page (optional) 20000.00
TOTAL This Period (last page this line number only) 20000.00