

**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 36 / 141
	<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)
Congressional Trust 2008

A.

Full Name (Last, First, Middle Initial) Mr. Timothy Dunn		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address P.O. Box 11150		Transaction ID: SA11A.326
City Midland	State TX	Zip Code 79702
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25000.00	
Name of Employer Information Requested Per Best Efforts	Occupation Information Requested Per Best Efforts	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

B.

Full Name (Last, First, Middle Initial) Mrs. Joy Ellinger		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 8133 Drovers Ln.		Transaction ID: SA11A.327
City Abilene	State TX	Zip Code 79602
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Information Requested Per Best Efforts	Occupation Information Requested Per Best Efforts	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Charles J.P. Elliot		Date of Receipt MM / DD / YYYY 08 / 07 / 2008
Mailing Address 27733 Groesbeck		Transaction ID: SA11A.22
City Roseville	State MI	Zip Code 48066
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Information Requested Per Best Efforts Lake Court Medical Supplies	Occupation Information Requested Per Best Efforts CEO/President	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	26000.00
TOTAL This Period (last page this line number only)	▶	