

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

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)
Ricky Gill for Congress

A. Full Name (Last, First, Middle Initial) Harbinder Brar, MD		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>06</td> <td></td> <td>2011</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		06		2011
M M	/	D D	/	Y Y Y Y									
03		06		2011									
Mailing Address 2015 Polo Court		Transaction ID : SA11AI.C4377591											
City Riverside	State CA	Zip Code 92506	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>2500.00</td> </tr> <tr> <td colspan="5"></td> </tr> </table>					2500.00					
				2500.00									
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Self	Occupation Physician												
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div></div>											
B. Full Name (Last, First, Middle Initial) Harbinder Brar, MD		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2011</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		31		2011
M M	/	D D	/	Y Y Y Y									
03		31		2011									
Mailing Address 2015 Polo Court		Transaction ID : SA11AI.C4380462											
City Riverside	State CA	Zip Code 92506	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>2500.00</td> </tr> <tr> <td colspan="5"></td> </tr> </table>					2500.00					
				2500.00									
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Self	Occupation Physician												
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div></div>											
C. Full Name (Last, First, Middle Initial) Hamilton Brewart		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2011</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		10		2011
M M	/	D D	/	Y Y Y Y									
06		10		2011									
Mailing Address 2151 N. Euclid		Transaction ID : SA11AI.C4378292											
City San Antonio Height	State CA	Zip Code 91784	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> <tr> <td colspan="5"></td> </tr> </table>					1000.00					
				1000.00									
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Self	Occupation Insurance Broker												
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div></div>											
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>6000.00</td> </tr> <tr> <td colspan="5"></td> </tr> </table>						6000.00					
				6000.00									
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> <tr> <td colspan="5"></td> </tr> </table>											