

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 22
	(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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NAME OF COMMITTEE (In Full)  
National Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jaqueline M. Roxlau		Date of Receipt
Mailing Address 1719 Catherine Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 8 / 2 0 0 6
City	State	<b>Transaction ID:</b> 13615310
Saint Louis	MO	Amount of Each Receipt this Period
Zip Code		<input type="text"/> 20.00
63138-1739		
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	
Name of Employer	Occupation	
	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 220.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Joseph K. Lee		Date of Receipt
Mailing Address 98-054 Lii Ipo St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 3 / 2 0 0 6
City	State	<b>Transaction ID:</b> 13615349
Aiea	HI	Amount of Each Receipt this Period
Zip Code		<input type="text"/> 10.00
96701-5217		
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	
Name of Employer	Occupation	
	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 235.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David T. De Ramus		Date of Receipt
Mailing Address P.O. Box 2005		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 5 / 2 0 0 6
City	State	<b>Transaction ID:</b> 13615357
Selma	AL	Amount of Each Receipt this Period
Zip Code		<input type="text"/> 400.00
36702-2005		
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	
Name of Employer	Occupation	
	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 1088.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 430.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>