

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 257
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT JEFF MILLER

A.	Full Name (Last, First, Middle Initial) Mr. Ernest Ferguson		Date of Receipt
	Mailing Address 14 Frith Dr.		<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 09 / 09 / 2010
	City	State	Zip Code
	Asheville	NC	28803
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Retired		Occupation Retired	Transaction ID: SA11AI.7934
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Mr. James Fisher		Date of Receipt
	Mailing Address 1310 Valmont Dr.		<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 08 / 19 / 2010
	City	State	Zip Code
	Hendersonville	NC	28791
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Whitley Drugs		Occupation Pharmacist	Transaction ID: SA11AI.7119
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 2000.00	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Mr. Roger Floren		Date of Receipt
	Mailing Address PO Box 1160		<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 08 / 25 / 2010
	City	State	Zip Code
	Fairview	NC	28730
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Cane Creek Pharmacy		Occupation Owner/Executive	Transaction ID: SA11AI.7361
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>