

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<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)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Carl E Brasser

Mailing Address 528 Eden Park Drive

City State Zip Code  
Franklin TN 37067-4622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gold Leaf Technologies Sales and Marketing

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 5

**Transaction ID:** A-C4078

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Kevin T. Foley, M.D.

Mailing Address 2877 Keasler Circle W

City State Zip Code  
Germantown TN 38139-6828

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
semmes-murphey clinic physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

**Transaction ID:** A-C4108

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Michael A. Mckenna

Mailing Address 1406 Goswick Ridge Road

City State Zip Code  
Midlothian VA 23114-5515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Koch Industries government relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

**Transaction ID:** A-C3993

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**TOTAL** This Period (last page this line number only) ..... ►