

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

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

FOR LINE NUMBER: PAGE 13 OF 21  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The National PAC Inc.**

Full Name (Last, First, Middle Initial)  
**A. Barry Silverman M.D.**  
 Mailing Address 19553 NE 37th Avenue  
 City State Zip Code  
 Aventura FL 33180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopedics Care Center Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2013  
**Transaction ID : SA11AI.9621**  
 Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. James Sprayregen**  
 Mailing Address 745 Greenwood Avenue  
 City State Zip Code  
 Glencoe IL 60022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kirkland & Ellis LLP Partner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2013  
**Transaction ID : SA11AI.9613**  
 Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**c. Donna Sternberg**  
 Mailing Address P.O. Box 14389  
 City State Zip Code  
 Baton Rouge LA 70898  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Starmount Life Insurance Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2013  
**Transaction ID : SA11AI.9635**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00  
**TOTAL** This Period (last page this line number only)..... ▶