

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WedgePAC

Full Name (Last, First, Middle Initial) <b>A.</b> Gray Mr. Wilson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 1209 Pine Street Apt. 200		<b>Transaction ID:</b> SA11A1-279896-164-c Amount of Each Receipt this Period 2500.00
City Nashville	State TN      Zip Code 37203-4026	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer none	Occupation student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John Jordan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 4111 Dorman Drive		<b>Transaction ID:</b> SA11A1-247861-163-c Amount of Each Receipt this Period 2500.00
City Nashville	State TN      Zip Code 37215-2404	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Eastground Properties/Par-kway Properti	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Arlyn Mrs. Cherney		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 6413 Edinburgh Drive		<b>Transaction ID:</b> SA11A1-279887-143-c Amount of Each Receipt this Period 2500.00
City Nashville	State TN      Zip Code 37221-3721	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GlazMed	Occupation medical executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____