

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 10  
(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)  
Alzheimer's Action PAC

**A.**

Full Name (Last, First, Middle Initial) Carole M. Rogin		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 600 Second Street Apt 401		<b>Transaction ID:</b> SA11AI.4194
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Clarion Management Resources	Occupation President	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Shapiro Family Foundation		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 339 3rd Ave N		<b>Transaction ID:</b> SA11AI.4188
City Naples	State FL	Zip Code 34102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Shirley S. Siff		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 2000 S. Ocean Blvd Apt 410-S		<b>Transaction ID:</b> SA11AI.4196
City Palm Beach	State FL	Zip Code 33480-5235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Self-Employed	Occupation Psychologist	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	