

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION FOR THE ADVANCEMENT OF PSYCHOLOGY INC PSYCHOLOGISTS FOR LEG ACTION
NOW (PLAN

A. Full Name (Last, First, Middle Initial) Dr. Norman Abeles			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address Psychology Res Bldg Michigan State University			Transaction ID: SA11A1.32518	
City East Lansing State MI Zip Code 48824			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Michigan State University		Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Kathryn M. Adorney			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 11 Eagle St			Transaction ID: SA11A1.32092	
City Chestnut Ridge State NY Zip Code 10977			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Psychologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Elizabeth M. Altmaier			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 125 Washington Park Road			Transaction ID: SA11A1.32624	
City Iowa City State IA Zip Code 52245			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ .00		
			Earmarked Friends of Rosa DeLaura H CT-3 [MEMO ITEM]	

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)