

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 6 / 6                  |                             |
|   | (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"/> 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)<br>Susan W. Agger   |                                 | Date of Receipt                            |                             |
| Mailing Address 3909 Hillandale Ct.   |                                 | M M / D D / Y Y Y Y<br>1 2 / 2 9 / 2 0 0 8 |                             |
| City  | State                           | Zip Code                                   | Transaction ID: SA11AI.4386 |
| Washington  | DC                              | 20007                                      |                             |
| FEC ID number of contributing federal political committee.  |                                 | Amount of Each Receipt this Period         |                             |
| C   |                                 | 1000.00                                    |                             |
| Name of Employer<br>FWBR Co.  | Occupation<br>Interior Designer | contribution                               |                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼        | 1000.00                                    |                             |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 1000.00 |