

**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 21 / 36
	<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)
VETERANS' ALLIANCE FOR SECURITY AND DEMOCRACY POLITICAL ACTION COMMITTEE (VETPAC)

Full Name (Last, First, Middle Initial) A. Ms Christine P. Pelosi		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 2 Townsend Street #2-1006		Transaction ID: SA11A1.4515	
City San Francisco	State CA	Amount of Each Receipt this Period 200.00	
Zip Code 94107			
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation consultant Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Mr. John Pomeroy		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 2410 N. Lincoln Street		Transaction ID: SA11A1.4631	
City Arlington	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 22207			
FEC ID number of contributing federal political committee. C			
Name of Employer Dow Lohnes Law Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ms Barbara M. Prager		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 506 Bracket Creek Road P.O. Box 149		Transaction ID: SA11A1.4511	
City Clyde Park	State MT	Amount of Each Receipt this Period 250.00	
Zip Code 59018			
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation nutritionist Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	