

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 328 OF 395
	<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)
Campaign to Defeat Barack Obama

A. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive
City Mcallen State TX Zip Code 78503-1367
FEC ID number of contributing federal political committee. **C**
Name of Employer Mcallen Anesthesia Consultants Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1000**

Date of Receipt **03 / 19 / 2012**
Transaction ID : SA11AI-6284-21904-c
Amount of Each Receipt this Period **500**

B. John Miller
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 20489
City Albuquerque State NM Zip Code 87154-0489
FEC ID number of contributing federal political committee. **C**
Name of Employer Miller Insurance Center Occupation Agent/semi Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250**

Date of Receipt **01 / 16 / 2012**
Transaction ID : SA11AI-6355-15034-c
Amount of Each Receipt this Period **100**

C. John Miller
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 20489
City Albuquerque State NM Zip Code 87154-0489
FEC ID number of contributing federal political committee. **C**
Name of Employer Miller Insurance Center Occupation Agent/semi Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250**

Date of Receipt **01 / 18 / 2012**
Transaction ID : SA11AI-6355-16713-c
Amount of Each Receipt this Period **100**

SUBTOTAL of Receipts This Page (optional)..... **700.00**
TOTAL This Period (last page this line number only).....