

**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 6 / 11
	<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)  
VIRGINIA VICTORY 2006

Full Name (Last, First, Middle Initial) <b>A.</b> Angela Fine		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 3115 South Atlantic Avenue		<b>Transaction ID:</b> SA11A1.4646	
City State Zip Code Cocoa Beach FL 32931	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer None	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> David H Fine		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 3115 South Atlantic		<b>Transaction ID:</b> SA11A1.4651	
City State Zip Code Cocoa Beach FL 32931	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Geno LLC	Occupation Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Monique Hanis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 6226 N. 23rd St.		<b>Transaction ID:</b> SA11A1.4637	
City State Zip Code Arlington VA 22205	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AEB/Mitre Corporation	Occupation Marketing/Consulting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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