

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23  
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
National Association of Shareholders & Consumer Attorneys PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Kaplan		Date of Receipt
	Mailing Address 850 Third Avenue 14th Floor		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10022
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C255</b>
Name of Employer Kaplan Fox & Kilsheimer LLP		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
<b>[MEMO ITEM]</b>			

<b>B.</b>	Full Name (Last, First, Middle Initial) Laurence King		Date of Receipt
	Mailing Address 850 Third Avenue 14th Floor		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10022
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C258</b>
Name of Employer Kaplan Fox & Kilsheimer LLP		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
<b>[MEMO ITEM]</b>			

<b>C.</b>	Full Name (Last, First, Middle Initial) Hae Sun Nam		Date of Receipt
	Mailing Address 850 Third Avenue 14th Floor		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10022
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C257</b>
Name of Employer Kaplan Fox & Kilsheimer LLP		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
<b>[MEMO ITEM]</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>