

**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 6 OF 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)  
**Arnold & Porter LLP Partners Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Jerome B. Falk Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.15975</b>
Mailing Address 1440 Summit Road		Amount of Each Receipt this Period 265.00
City Berkeley	State CA	Zip Code 94708
FEC ID number of contributing federal political committee. C		
Name of Employer Arnold & Porter LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.00	

Full Name (Last, First, Middle Initial) <b>B. Ellen Kaye Fleishhacker</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.15976</b>
Mailing Address 280 30th Ave		Amount of Each Receipt this Period 60.00
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. C		
Name of Employer Arnold & Porter LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>c. L. Charles Landgraf</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.15977</b>
Mailing Address 7303 Peter Place		Amount of Each Receipt this Period 300.00
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		
Name of Employer Arnold & Porter LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	