## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 62 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
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Full Name (Last, First, Middle Initial) Dr. Nancy Ellerbroek  Mailing Address 25852 McBean Parkw Unit 507  City Santa Clarita  FEC ID number of contributing federal political committee.  Name of Employer Valley Radiotherapy  Receipt For: Primary General Other (specify)	State Zip Code CA 91355  C  Occupation Physician  Aggregate Year-to-Date   1000.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Dr. Daniel E. Fass  Mailing Address 8 Cathlow Drive  City Riverside  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State Zip Code CT 06878  C  Occupation Radiation oncologist  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M D D D 2009  Transaction ID: SA11Al.7348  Amount of Each Receipt this Period  2500.00  Contribution
Full Name (Last, First, Middle Initial) Robert W. Fraser, III  Mailing Address 200 Queens Rd Ste 4  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Southeast Radiation Oncology Receipt For: Primary General Other (specify)	OCCUpation Physician Aggregate Year-to-Date  250.00	Date of Receipt    M   M   D   D   C   C   C
SUBTOTAL of Receipts This Page (optional) .		3750.00