

**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)

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11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
WELPAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carol Laham

Mailing Address  
1776 K Street, NW

City State Zip Code  
Washington DC 20006

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 07 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Partnership Attribution  
Wiley Rein & Fielding Partner [MEMO ITEM]

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ .00

Transaction ID: SA11A1.4246

**B.** Full Name (Last, First, Middle Initial)  
Mr. Greg Lyons

Mailing Address  
1776 K Street, NW

City State Zip Code  
Washington DC 20006

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 07 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Partnership Attribution  
Wiley Rein & Fielding Partner [MEMO ITEM]

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ .00

Transaction ID: SA11A1.4248

**C.** Full Name (Last, First, Middle Initial)  
Dr. Leoniah Manchikent

Mailing Address  
2075 Natchez Lane

City State Zip Code  
Paducah KY 42001

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 07 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Partnership Attribution  
PMCP Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4261

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

**TOTAL** This Period (last page this line number only) ..... ▶