

**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 101 / 330		
	<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

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

Full Name (Last, First, Middle Initial) <b>A. Melinda R Hatton</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2006	
Mailing Address 1618 N Lexington St		<b>Transaction ID: C1326584</b>	
City State Zip Code Arlington VA 22205-2828	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association	Occupation Vice President/Snr. Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. A. Joseph Hutter</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006	
Mailing Address 308 D St NE		<b>Transaction ID: C1337804</b>	
City State Zip Code Washington DC 20002-5722	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Washington Hospital Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Anna L. Lawson</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006	
Mailing Address 1575 Catawba Rd		<b>Transaction ID: C1325344</b>	
City State Zip Code Daleville VA 24083-3615	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Anthropologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	