

# 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 113 / 330
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Forward Together PAC

Full Name (Last, First, Middle Initial) <b>A. Jeffrey S. Muir</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006
Mailing Address 4660 Brook Hollow Dr NW		<b>Transaction ID: C1325435</b>
City Atlanta State GA Zip Code 30327-3513	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Chatham Capital Occupation Investor	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lindsay L. Webster</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006
Mailing Address 184 Mills Ave		<b>Transaction ID: C1325445</b>
City Spartanburg State SC Zip Code 29302-1940	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N/A Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Alan G. Spoon</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2006
Mailing Address 11 Ledgeways		<b>Transaction ID: C1330815</b>
City Wellesley Hls State MA Zip Code 02481-1409	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Northstar Ventures Occupation Managing General Partner	Aggregate Year-to-Date ▼ 3500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	