

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
HELENA MORENO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) RUTH KULLMAN		Date of Receipt
	Mailing Address 1838 STATE ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	City	State	Zip Code
	NEW ORLEANS	LA	70118
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5227
Name of Employer SELF		Occupation CONSULTANT	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input checked="" type="checkbox"/> Other (specify) ▼ Runoff			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) JUAN JOSE LABADI		Date of Receipt
	Mailing Address 300 FAIRFIELD AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	City	State	Zip Code
	GRETNA	LA	70056
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5134
Name of Employer SELF		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input checked="" type="checkbox"/> Other (specify) ▼ Runoff			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) LINDA LEBLANC		Date of Receipt
	Mailing Address 5500 PRYTANIA ST., #632		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	City	State	Zip Code
	NEW ORLEANS	LA	70115
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5311
Name of Employer SELF		Occupation HEALTHCARE	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input checked="" type="checkbox"/> Other (specify) ▼ Runoff			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>