

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<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)
USAgainstAlzheimer's PAC

A.	Full Name (Last, First, Middle Initial) Laura Beaty		Date of Receipt
	Mailing Address 2019 Virginia Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	McLean	VA	22101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4504
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

B.	Full Name (Last, First, Middle Initial) J. Patrick Berry		Date of Receipt
	Mailing Address 2019 Virginia Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	McLean	VA	22101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4503
Name of Employer Baker Botts		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Lynne Flexner		Date of Receipt
	Mailing Address 29 E 64th St PH		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New York	NY	10021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4501
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 15000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 15000.00