

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input checked="" type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Obama for America

A. Full Name (Last, First, Middle Initial)
Cara Miller

Mailing Address 609 N Laurel Ave

City	State	Zip Code
Los Angeles	CA	90048-2320

FEC ID number of contributing federal political committee. **C**

Name of Employer Amgen Inc.	Occupation Attorney
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Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1200.00

Transaction ID : T11454981

Date of Receipt

M M / D D / Y Y Y Y
10 / 24 / 2008

Amount of Each Receipt this Period

_____ 200.00

[MEMO ITEM]
OVF Transfer

B. Full Name (Last, First, Middle Initial)
Carol Miller

Mailing Address 16865 Calle Bellevista

City	State	Zip Code
Pacific Palisades	CA	90272-1972

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed	Occupation Homemaker
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Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2900.00

Transaction ID : T11536950

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2008

Amount of Each Receipt this Period

_____ 300.00

[MEMO ITEM]
OVF Transfer

C. Full Name (Last, First, Middle Initial)
Carolyn Miller

Mailing Address 610 S B St

City	State	Zip Code
Mount Shasta	CA	96067-2706

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation Management Consultant
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Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 3405.00

Transaction ID : T11447047

Date of Receipt

M M / D D / Y Y Y Y
10 / 24 / 2008

Amount of Each Receipt this Period

_____ 100.00

[MEMO ITEM]
OVF Transfer

Subtotal Of Receipts This Page (optional).....▶ _____ 0.00

Total This Period (last page this line number only).....▶ _____