

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 33
	<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)
Wulsin for Congress

Full Name (Last, First, Middle Initial) A. Jeffrey B Maletta		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address 2800 36th St. NW		Transaction ID: SA11A1.4217	
City Washington	State DC	Amount of Each Receipt this Period 250.00	
Zip Code 20007		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Kirkpatrick & Lockhart Nichols	Occupation Attorney		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Inayat K Malik		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 5	
Mailing Address 8905 Spooky Ridge Ln		Transaction ID: SA11A1.4199	
City Cincinnati	State OH	Amount of Each Receipt this Period 500.00	
Zip Code 45243		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Bethesda North Hospital		Occupation Urologist	
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Ariel W Miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5	
Mailing Address 2940 Wold Ave		Transaction ID: SA11A1.4406	
City Cincinnati	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 45206		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Episcopal Services		Occupation Social worker	
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	