

**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 7 OF 993
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Republican Party of Florida**

**A. Douglas Adkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1080  
 City Hilliard State FL Zip Code 32046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dayspring Village Occupation Administrator  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2015  
**Transaction ID : 51109.C1725314**  
 Amount of Each Receipt this Period  
 400.00  
 Receipt

**B. Douglas Adkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1080  
 City Hilliard State FL Zip Code 32046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dayspring Village Occupation Administrator  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2015  
**Transaction ID : 51109.C1725309**  
 Amount of Each Receipt this Period  
 200.00  
 Receipt

**C. Larry Ahern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9783 52nd Avenue N  
 City Saint Petersburg State FL Zip Code 33708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Of Florida Occupation Legislator  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : 51109.C1725336**  
 Amount of Each Receipt this Period  
 300.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶