

**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 35 OF 173
	<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)  
**Democratic Executive Committee of Florida**

**A. Jewel Dickson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 N Amelia Ave.  
City DeLand State FL Zip Code 32724  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation Retired Educator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : VR0BACC4PT8**  
Amount of Each Receipt this Period 175.00

**B. Alice Donovan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8926 Andros Lane  
City Port Richey State FL Zip Code 34668  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bayonet Point Health & Rehab Ctr Occupation Nurse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 14 / 2015  
**Transaction ID : VR0BAC2TMC5**  
Amount of Each Receipt this Period 325.00

**C. Sheryl Eddie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4027 NW 34th Terrace  
City Gainesville State FL Zip Code 32605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Goodlife Community Magazine Occupation Advertising  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : VR0BACC4MK9**  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶