

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Jane Dittmar

A. Full Name (Last, First, Middle Initial)
Wendy Brown

Mailing Address 1505 Dairy Rd

City Charlottesville State VA Zip Code 22903-1303

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : VR0EWCE5J22

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Bonnie S Carey

Mailing Address 47322 Sunnybrook Ln

City Novi State MI Zip Code 48374-3644

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

Name of Employer Occupation
 Saint Joseph Medical System Medical Technologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : VR0EWCGHZ18

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
Bonnie S Carey

Mailing Address 47322 Sunnybrook Ln

City Novi State MI Zip Code 48374-3644

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

Name of Employer Occupation
 Saint Joseph Medical System Medical Technologist

Receipt For: 2016
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : VR0EWCGHZ26

Amount of Each Receipt this Period
 2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6400.00