

**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 29 OF 94
	<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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. MR BRUCE C JACOBSON 483
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 WALLOON CT
 City LAKE ORION State MI Zip Code 48360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : SA11AI.74075
 Amount of Each Receipt this Period **500.00**

B. MR LOREN JAHN 604
 Full Name (Last, First, Middle Initial)
 Mailing Address 13149 N COUNTRY CLUB CT
 City PALOS HEIGHTS State IL Zip Code 60463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOREN JAHN PRIVATE CHARITABLE FOUNDATION Occupation DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 06 / 2015**
Transaction ID : SA11AI.74076
 Amount of Each Receipt this Period **250.00**

C. MR JOHN A JOST 598
 Full Name (Last, First, Middle Initial)
 Mailing Address 1531 SLEEPING CHILD RD
 City HAMILTON State MT Zip Code 59840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **720.00**

Date of Receipt **07 / 20 / 2015**
Transaction ID : SA11AI.74134
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	