

**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 97 OF 241
	<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)
Ros-Lehtinen For Congress

Full Name (Last, First, Middle Initial) A. Mrs. Joan L. Levin		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2011
Mailing Address 2315 Miller Oaks Drive N		Transaction ID : A-C19735
City Jacksonville	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200	

Full Name (Last, First, Middle Initial) B. Mr. Richard E. Levine		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2011
Mailing Address 663 Palisade Avenue Suite 303		Transaction ID : A-C20107
City Cliffside Park	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500
Name of Employer Cliffside Laser Eye Center	Occupation M.D. / Ophthalmology	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500	

Full Name (Last, First, Middle Initial) C. Mr. Robert M. Levy		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2011
Mailing Address 780 NE 69th Street Apt. 1703		Transaction ID : A-C19884
City Miami	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000
Name of Employer Robert M. Levy & Associates, Inc.	Occupation Government and Public Affairs Speciali	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000	

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	