

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 9 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Boehner for Speaker Congressman LaTourette June Recpt. Cmte.

A.	Full Name (Last, First, Middle Initial) MRS. LINDA CAPPELLI-O'BRIEN		Date of Receipt	
	Mailing Address 29941 CHARDON ROAD		M M / D D / Y Y Y Y 06 / 22 / 2011	
	City	State	Zip Code	Transaction ID: SA11.2737
	WILLOUGHBY HILLS	OH	44094-8323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2500.00	
Name of Employer CAPPELLI-O'BRIEN ENTERPRISE		Occupation CATERING/RESTAURANT/BAR		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		

B.	Full Name (Last, First, Middle Initial) MR. RICK CHIRICOSTA		Date of Receipt	
	Mailing Address 153 WESTWIND DRIVE		M M / D D / Y Y Y Y 06 / 22 / 2011	
	City	State	Zip Code	Transaction ID: SA11.2790
	AVON LAKE	OH	44012-2406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer MEDICAL MUTUAL		Occupation PRESIDENT & CEO		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) MRS. ALLISON CLEGG		Date of Receipt	
	Mailing Address 48 COHASSET DRIVE		M M / D D / Y Y Y Y 06 / 22 / 2011	
	City	State	Zip Code	Transaction ID: SA11.2765
	HUDSON	OH	44236-3111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2500.00	
Name of Employer SELF		Occupation CLINICAL SOCIAL WORKER		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	