

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mary Alice Jackson

Mailing Address 457 Magellan Drive

City State Zip Code  
Sarasota FL 34243-1005

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

Name of Employer Boyer & Jackson, PA Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2020.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 6

**Transaction ID:** A-C3975

Amount of Each Receipt this Period  
1000.00

Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Natalie C. Joslin

Mailing Address 4611 Windsor Park

City State Zip Code  
Sarasota FL 34235-2604

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

**Transaction ID:** A-C4123

Amount of Each Receipt this Period  
100.00

contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eileen Schaefer

Mailing Address 2070 N Ocean Boulevard

City State Zip Code  
Boca Raton FL 33431-8304

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

Name of Employer Claire's Occupation Retail Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

**Transaction ID:** A-C4392

Amount of Each Receipt this Period  
2100.00

Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	