

**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 13 OF 19
	<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	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DeVry Inc Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Donna Jennings**

Mailing Address 828 High Ridge Ct.

City Darien State IL Zip Code 60561

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

Name of Employer DeVry Inc. Occupation Human Resources Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **476.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 23 / 2012**

**Transaction ID : SA11AI.6335**

Amount of Each Receipt this Period  
**238.10**

PR

Full Name (Last, First, Middle Initial)  
**B. Dennis Keller**

Mailing Address 1155 35th Street

City Oak Brook State IL Zip Code 60523

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

Name of Employer Former DeVry, Inc Bd Member Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2012**

**Transaction ID : SA11AI.6381**

Amount of Each Receipt this Period  
**2500.00**

check

Full Name (Last, First, Middle Initial)  
**C. Kimberly LaMar**

Mailing Address 16309 E Fountain

City Fountain State AZ Zip Code 85268

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

Name of Employer Chamberlain College of Nursing Occupation Campus President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 08 / 2012**

**Transaction ID : SA11AI.6348**

Amount of Each Receipt this Period  
**640.00**

PR

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3378.10**

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