

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 281
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ozinga For Congress

<p>A. Full Name (Last, First, Middle Initial) Richard DeVries</p> <p>Mailing Address 6200 W Carol Lane</p> <p>City State Zip Code Palos Heights IL 60463-1824</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation DeVries Market Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8</p> <p>Transaction ID: A-C553</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Ada Diaz</p> <p>Mailing Address 401 Ocean Drive Apt. 1001</p> <p>City State Zip Code Miami Beach FL 33139-6633</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8</p> <p>Transaction ID: A-C1285</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Jose F. Diaz</p> <p>Mailing Address 3425 SW 128th Avenue</p> <p>City State Zip Code Miami FL 33175-2715</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8</p> <p>Transaction ID: A-C1280</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	3050.00
TOTAL This Period (last page this line number only)	