

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 154 OF 409
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tim Scott for Senate

A. Full Name (Last, First, Middle Initial)
Sarah Phelps

Mailing Address 2095 Henry Tecklenburg Drive

City Charleston State SC Zip Code 29414-5733

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

Name of Employer Charleston Anesthesia Group Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **625**

Date of Receipt
 MM / DD / YYYY
02 / 06 / 2014

Transaction ID : **A-CF6313**

Amount of Each Receipt this Period
625

B. Full Name (Last, First, Middle Initial)
Summar Phillips

Mailing Address 9263 Medical Plaza Drive Suite E

City Charleston State SC Zip Code 29406-7112

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

Name of Employer Trident Anesthesia Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt
 MM / DD / YYYY
02 / 06 / 2014

Transaction ID : **A-CF6302**

Amount of Each Receipt this Period
450

C. Full Name (Last, First, Middle Initial)
Wayne Phillips

Mailing Address 7797 Seafield Road

City Yorges Island State SC Zip Code 29449-6215

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

Name of Employer PDF Global Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **A-CF7382**

Amount of Each Receipt this Period
1000

SUBTOTAL of Receipts This Page (optional).....

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

2075.00

14020271201