

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

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

FOR LINE NUMBER: PAGE 47 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Dr. R. Dale Blasier

Mailing Address 205 Hickory Creek Ln

City Little Rock State AR Zip Code 72212-2500

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : A15A78198CF5C42BC9B5

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Carol G. Abrue

Mailing Address 250 Slaton Cir

City Roswell State GA Zip Code 30075-6211

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : A82BFDE1560324014AD2

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Russell Kridel

Mailing Address 605 E Friar Tuck Ln

City Houston State TX Zip Code 77024-5706

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

Name of Employer Facial Plastic Surgery Assocs Occupation Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2015

Transaction ID : AC7BF96560877463DA04

Amount of Each Receipt this Period
 250.00

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

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

2250.00