

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 93
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial) A. DOUG SALE		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 316 BUNKERS COVE ROAD		Transaction ID : SA11.695	
City PANAMA CITY	State FL	Zip Code 32401-3912	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer HARRISON, SALE, CCLOY	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. THOMAS G. SALMON		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2015	
Mailing Address 8792 SAINT ANDREWS DRIVE		Transaction ID : SA11.561	
City MIRAMAR BEACH	State FL	Zip Code 32550-4568	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. RON SAMUELIAN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 06 / 2015	
Mailing Address 430 HARVARD BLVD		Transaction ID : SA11.539	
City LYNN HAVEN	State FL	Zip Code 32444-3083	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NORTHWEST FLORIDA SURGERY CENT	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	_____