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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Southerland for Congress

A.
Full Name (Last, First, Middle Initial): Kris D. Stowers M.D.
Mailing Address: 3334 Cptl Med Boulevard, Suite 400
City: Tallahassee State: FL Zip Code: 32308-4470
FEC ID number of contributing federal political committee: C
Name of Employer: TLH Ortho Clinic
Occupation: Medical Doctor
Receipt For: 2012
[ ] Primary [X] General
[ ] Other (specify)
Election Cycle-to-Date: 1500
Date of Receipt: 08 / 27 / 2012
Transaction ID : A-C7384
Amount of Each Receipt this Period: 500

B.
Full Name (Last, First, Middle Initial): Mary E. Swain
Mailing Address: 1600 Phillips Road
City: Tallahassee State: FL Zip Code: 32308-5304
FEC ID number of contributing federal political committee: C
Name of Employer: Radiology Asso of TLH
Occupation: Radiologist
Receipt For: 2012
[ ] Primary [X] General
[ ] Other (specify)
Election Cycle-to-Date: 1150
Date of Receipt: 08 / 27 / 2012
Transaction ID : A-C7371
Amount of Each Receipt this Period: 250

C.
Full Name (Last, First, Middle Initial): William H. Thompson
Mailing Address: 3334 Capital Medical Boulevard, Suite 400
City: Tallahassee State: FL Zip Code: 32308-4470
FEC ID number of contributing federal political committee: C
Name of Employer: TLH Ortho Clinic
Occupation: Doctor
Receipt For: 2012
[ ] Primary [X] General
[ ] Other (specify)
Election Cycle-to-Date: 500
Date of Receipt: 08 / 27 / 2012
Transaction ID : A-C7386
Amount of Each Receipt this Period: 500

SUBTOTAL of Receipts This Page (optional) 1250.00

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