

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BETH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MANGIONE, JOSEPH, , ,**  
Mailing Address 2140 BALTIMORE ST

City State Zip Code  
NORTH PORT FL 34286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PORT CITY PAWN

Occupation  
OWNER

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2019

Transaction ID : SA11AI.4661

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MANGIONE, JOSEPH, , ,**  
Mailing Address 2140 BALTIMORE ST

City State Zip Code  
NORTH PORT FL 34286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PORT CITY PAWN

Occupation  
OWNER

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 07 2019

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period

800.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MANGIONE, JOSEPH, , ,**  
Mailing Address 2140 BALTIMORE ST

City State Zip Code  
NORTH PORT FL 34286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PORT CITY PAWN

Occupation  
OWNER

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 21 2019

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2800.00