

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

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

FOR LINE NUMBER: PAGE 17 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mast Victory Committee 2018

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JORDAN, DARLENE, , ,

Mailing Address 203 SOUTH LAKE TRAIL

City
PALM BEACH

State
FL

Zip Code
33480-4127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2018

Transaction ID : SA11A.227002

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KING, CECIL, L., MR., SR.

Mailing Address 836 HIBISCUS DR

City
ROYAL PALM BEACH

State
FL

Zip Code
33411-3437

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11A.228814

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAISHLEY, BRUCE, , MR.,

Mailing Address 3691 TAMIAMI TRAIL

City
PUNTA GORDA

State
FL

Zip Code
33950-7228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FL PREMIER CONTRACTORS

Occupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11A.228805

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

3500.00