

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)
SANFORD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BAKER, BRETT, , DR.,
Mailing Address 579 ISLAND WALK EAST

City State Zip Code
MT PLEASANT SC 29464-7833

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARLESTON EP PARTNERS

Occupation
PHYSICIAN

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 31 2018

Transaction ID : A41D4F62670D24FB8A17

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
FORTSON, JOHN, , MR.,
Mailing Address 29 DUANYROAD

City State Zip Code
MT PLEASANT SC 29464-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
INGEVITY

Occupation
CFO

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 31 2018

Transaction ID : ACF156B53359046D7A82

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
FRANKLIN, JR., SAMUEL C, , DR.,
Mailing Address 108 BEAUFAIN ST

City State Zip Code
CHARLESTON SC 29401-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARLESTON NEPHROLOGY ASSOCIATES

Occupation
PHYSICIAN

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 31 2018

Transaction ID : AFFE6A4B48A6842A7BDC

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)..... ▶

2500.00