

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

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

FOR LINE NUMBER: PAGE 164 OF 279

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Mia Love

A. Full Name (Last, First, Middle Initial)
SMITH, LARRY, R., ,

Mailing Address 6428 ROCKY LN

City PARADISE	State CA	Zip Code 95969-2630
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF
---	--

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

Election Cycle-to-Date ▼
208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 25 2017

Transaction ID : SA11A.343832

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SMITH, LARRY, R., ,

Mailing Address 6428 ROCKY LN

City PARADISE	State CA	Zip Code 95969-2630
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF
---	--

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

Election Cycle-to-Date ▼
208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 25 2017

Transaction ID : SA11A.343833

Amount of Each Receipt this Period

7.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SMITH, THOMAS, , ,

Mailing Address 1514 CARRIAGE HILL DR.

City HUDSON	State OH	Zip Code 44236-4046
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MXR SOURCEONE HEALTHCARE TECH	Occupation IT MANAGER
---	--------------------------

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

Election Cycle-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 30 2017

Transaction ID : SA11A.342493

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

33.00

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

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