

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

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

FOR LINE NUMBER: PAGE 89 OF 881

(check only one)

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

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)

Team Ryan

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

A. CAMERON, RONALD, M., MR.,

Mailing Address PO BOX 21440

City  
LITTLE ROCK

State  
AR

Zip Code  
72221-1440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOUNTAIRE CORPORATION

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

43800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2017

Transaction ID : SA11A.492472

Amount of Each Receipt this Period

43800.00

☐ Memo Item  
CONTRIBUTION

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

B. CAMPBELL, WAYNE, E., DR., M.D.

Mailing Address 1751 23RD ST

City  
NICEVILLE

State  
FL

Zip Code  
32578-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 16 / 2017

Transaction ID : SA11A.485494

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. CAMPBELL, WAYNE, E., DR., M.D.

Mailing Address 1751 23RD ST

City  
NICEVILLE

State  
FL

Zip Code  
32578-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2017

Transaction ID : SA11A.491092

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

44000.00

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