

# **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)

PAGE 20 OF 133

☒ 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)  
**Doggett for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Little, Lou, , ,**

Mailing Address 907 Woodbury Dr

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Grand Ledge | State<br>MI | Zip Code<br>48837-2402 |
|---------------------|-------------|------------------------|

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

|  |                                  |
|--|----------------------------------|
| Name of Employer<br>Sparrow Specialty Hospital | Occupation<br>Hospital Executive |
|--|----------------------------------|

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2019

Transaction ID : VR0PZT1E1Q1

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Brand, James, , , M.D.**

Mailing Address 802 Barton Blvd

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Austin | State<br>TX | Zip Code<br>78704-1409 |
|----------------|-------------|------------------------|

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

|                                   |                         |
|-----------------------------------|-------------------------|
| Name of Employer<br>Self Employed | Occupation<br>Physician |
|-----------------------------------|-------------------------|

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID : VR0PZSZQ3R1

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ganeshappa, Ravi, , , MD**

Mailing Address 10 Westerleigh

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>San Antonio | State<br>TX | Zip Code<br>78218-1799 |
|---------------------|-------------|------------------------|

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

|  |                                  |
|--|----------------------------------|
| Name of Employer<br>Digestive Diseases Center of South Tex | Occupation<br>Gastroenterologist |
|--|----------------------------------|

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  
08 / 24 / 2019

Transaction ID : VR0PZSY4CV1

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)..... ▶

2000.00