

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)
Fleming For Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Amy J. Bicknell
Mailing Address 320 Johns Bluff Circle

City State Zip Code
Shreveport LA 71106-4733

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300

Date of Receipt

M M / D D / Y Y Y Y
02 02 2015

Transaction ID : A-CF13761

Amount of Each Receipt this Period

1300

B. Full Name (Last, First, Middle Initial)
Dr. James Scott Bicknell
Mailing Address 412 Trinity Circle

City State Zip Code
Shreveport LA 71106-2340

FEC ID number of contributing
federal political committee.

C

Name of Employer
WK - The Orthopedic Clinic

Occupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y
03 18 2015

Transaction ID : A-CF13919

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)
Mrs. Katherine L. Bicknell
Mailing Address 405 Trinity Circle

City State Zip Code
Shreveport LA 71106-2340

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y
03 31 2015

Transaction ID : A-CF14025

Amount of Each Receipt this Period

250

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

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

2050.00