

**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)  
**BRINSON FOR SENATE**

Full Name (Last, First, Middle Initial)

**A. BRINSON, R RANDOLPH RANDY MD, , ,**

Mailing Address PO BOX 241351

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing  
federal political committee.

**C** S8AL00316

Name of Employer

Digestive Disease Assoc PC

Occupation

Physician, Businessman, President

Receipt For: 2017

☐ Primary

☐ General

☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

40000.00

Date of Receipt

MM / DD / YYYY  
01 / 23 / 2018

Transaction ID : SA11D.4622

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Note:Debt Retirement

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

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

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

25000.00

25000.00