

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Republican Party of Florida Federal Account

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

A. Hammond, Terry, A., ,

Mailing Address 675 Fountain Blvd

City
Satellite BeachState
FLZip Code
32937-3911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	06	2020

Transaction ID : A8B031A98A82C4E2CBE2

Amount of Each Receipt this Period

26.00

☐ Memo Item

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

B. Jackson, Lester, , ,

Mailing Address 9 Arapaho Dr

City
PensacolaState
FLZip Code
32507-8736FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	06	2020

Transaction ID : A8C733E2989474EBBA04

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Douglas, T., O'Neal, ,Mailing Address 6730 Epping Forest Way North
Villa 104City
JacksonvilleState
FLZip Code
32217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baptist Medical CenterOccupation (for Individual)
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	06	2020

Transaction ID : A62BECB1F738F4EFC93B

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

776.00

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