

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

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

FOR LINE NUMBER: PAGE 7 OF 39

(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)

MAINE REPUBLICAN PARTY

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

A. FISH, HERBERT, , MR.,

Mailing Address 1155 HOSTILE VALLEY ROAD

City

PALERMO

State

ME

Zip Code

04354

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

INFORMATION REQUESTED

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2019

Transaction ID : SA11AI.35286

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. GERRY, EDWARD, , MR.,

Mailing Address P.O. BOX 765

City

SOUTH FREEPORT

State

ME

Zip Code

04078

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

STS LLC

Occupation (for Individual)

CONSULTANT

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2019

Transaction ID : SA11AI.35378

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. GERRY, EDWARD, , MR.,

Mailing Address P.O. BOX 765

City

SOUTH FREEPORT

State

ME

Zip Code

04078

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

STS LLC

Occupation (for Individual)

CONSULTANT

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2019

Transaction ID : SA11AI.35510

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

1260.00