

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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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RENEE SWANN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) HARPER, BRIAN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2020		
Mailing Address P.O. BOX 352			Transaction ID : SA11AI.4714		
City ROCKDALE	State TX	Zip Code 76567	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C		Name of Employer EYE DISEASES & LASER SURGERY ASSOCI			
Occupation PHYSICIAN		Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Election Cycle-to-Date ▼ _____ 300.00		<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED [SA11AI.4521]			
B. Full Name (Last, First, Middle Initial) HARPER, BRIAN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2020		
Mailing Address P.O. BOX 352			Transaction ID : SA11AI.4824		
City ROCKDALE	State TX	Zip Code 76567	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C		Name of Employer EYE DISEASES & LASER SURGERY ASSOCI			
Occupation PHYSICIAN		Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
Election Cycle-to-Date ▼ _____ 400.00		<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED [SA11AI.4661]			
C. Full Name (Last, First, Middle Initial) HEAVIN, DIANE, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2020		
Mailing Address 875 CR 324			Transaction ID : SA11AI.4705		
City GATESVILLE	State TX	Zip Code 76528	Amount of Each Receipt this Period _____ 5600.00		
FEC ID number of contributing federal political committee. C		Name of Employer RETIRED			
Occupation RETIRED		Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Election Cycle-to-Date ▼ _____ 5600.00		<input checked="" type="checkbox"/> Memo Item REATTRIBUTION FROM SPOUSE			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 200.00		
TOTAL This Period (last page this line number only)..... ▶			_____		