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)

☒ 11a	☐ 11b	☐ 11c	☐ 11d
☐ 12	☐ 13a	☐ 13b	☐ 14	☐ 15

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)
Womack for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Faison, Jay, W, ,

Mailing Address 1355 Greenwood Clfs
Ste 301

City	State	Zip Code
Charlotte	NC	28204-2981

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
Clear Path	Founder-Executive

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5800.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2021

Transaction ID : AE7548A146E8E4949AAB

Amount of Each Receipt this Period
2900.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)
Farrell, Michael, , ,

Mailing Address 1523 Hendricks Blvd

City	State	Zip Code
Fort Smith	AR	72903-3013

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
Fort Smith Public Schools	Administrator

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2021

Transaction ID : A92DBEFAF72D64202971

Amount of Each Receipt this Period
1000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)
Freyaldenhoven, Gabe, , ,

Mailing Address 802 Wood Duck Ln

City	State	Zip Code
Russellville	AR	72801-4755

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
River Valley Therapy & Sport	Physical Therapist

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2021

Transaction ID : AB05D6778D1D64DD4B2B

Amount of Each Receipt this Period
500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) .... ▶   4400.00

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