

# **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)  
**ANDY HARRIS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HAMMOND, KIM, , DR.,**

Mailing Address 6314 FALLS RD

City BALTIMORE	State MD	Zip Code 21209-2013
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FEC ID number of contributing federal political committee. **C**

Name of Employer PETVET CARE CENTERS	Occupation VETERINARIAN
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

Transaction ID : A201E4BDB69B14B8B8C3

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MUELLER, MICHAEL, , DR.,**

Mailing Address 2006 FRANKLIN ST SE  
STE 301

City HUNTSVILLE	State AL	Zip Code 35801-4537
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FEC ID number of contributing federal political committee. **C**

Name of Employer CAS	Occupation ANESTHESIOLOGIST
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2019

Transaction ID : A1C5FC05746654E8EA36

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RODRIGUEZ, LUIS, , DR.,**

Mailing Address 6625 SW 58TH STREET

City SOUTH MIAMI	State FL	Zip Code 33143-2003
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FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF MIAMI MEDICAL GROUP	Occupation ANESTHESIOLOGIST
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2019

Transaction ID : A266B835987784B688CB

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2250.00