

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)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
LEVIN, ROBERT, , DR.,
Mailing Address 3037 TALL PINE DR.

City
SAFETY HARBOR

State
FL

Zip Code
34695-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROBERT W LEVIN M.D. PA

Occupation
PHYSICIAN

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 04 2018

Transaction ID : SA11A.3277

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BOROM, ANDREW, H., DR.,
Mailing Address 3334 CAPITAL MEDICAL BLVD.
SUITE 400

City
TALLAHASSEE

State
FL

Zip Code
32308-4470

FEC ID number of contributing
federal political committee.

C

Name of Employer
TALLAHASSEE ORTHOPEDIC CLINIC

Occupation
PHYSICIAN

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1425.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 09 2018

Transaction ID : SA11A.3366

Amount of Each Receipt this Period

925.28

☐ Memo Item
CONTRIBUTION

IN-KIND: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
HEFFLEY, NANCY, , ,
Mailing Address 8975 WINGED FOOT DR

City
TALLAHASSEE

State
FL

Zip Code
32312-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 09 2018

Transaction ID : SA11A.3291

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

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

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

3675.28