

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)

Langevin for Congress

Full Name (Last, First, Middle Initial)

Ryan, Thomas, M., ,

A.

Mailing Address 11027 Old Harbour Rd

City

North Palm Beach

State

FL

Zip Code

33408-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 07 2018

Transaction ID : VPFB7PH0JN9

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Akerman, Paul, A., , MD

B.

Mailing Address 71 Loring Ave

City

Providence

State

RI

Zip Code

02906-5615

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Gastroenterology

Occupation

Physician

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 30 2018

Transaction ID : VPFB7PJDZZ9

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

500.00

62702.00