

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)
McSally For Senate Inc

A. Full Name (Last, First, Middle Initial)
DAVIS, WADE, , ,
Mailing Address 2323 W UNIVERSITY DR.

City State Zip Code
TEMPE AZ 85281-7223

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

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

Election Cycle-to-Date ▼
285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 05 2018

Transaction ID : SA11A.121406

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVIS, WADE, , ,
Mailing Address 2323 W UNIVERSITY DR.

City State Zip Code
TEMPE AZ 85281-7223

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

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

Election Cycle-to-Date ▼
285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 20 2018

Transaction ID : SA11A.197672

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVIS, WILLIAM, , ,
Mailing Address 10724 CORY LAKE DR.

City State Zip Code
TAMPA FL 33647-2724

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEAMHEALTH ANESTHESIA

Occupation
PHYSICIAN

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

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 22 2018

Transaction ID : SA11A.196694

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

550.00