

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1697 OF 5262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
STAND FOR AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LANGLEY, WILLIAM, , ,		Date of Receipt
Mailing Address 242 LAKEVIEW DRIVE		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City COLBERT	State GA	Zip Code 30628
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.117099
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	EARMARKED FOR MARK MOORES FOR CONGRESS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LANGONE, ELAINE, A, MS.,		Date of Receipt
Mailing Address 211 SAND POINTS RD		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City SANDS POINT	State NY	Zip Code 11050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.52036
Name of Employer (for Individual) INFORMATION REQUESTED		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual) INFORMATION REQUESTED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LANGONE, KENNETH, G., MR.,		Date of Receipt
Mailing Address 375 PARK AVE SUITE 2205		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City NEW YORK	State NY	Zip Code 10152
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.52038
Name of Employer (for Individual) INVEMED		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual) BUSINESSMAN		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="10100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>