

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Team Rick Scott**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VIEHWEG, MONICA, , ,**

Mailing Address 735 CRANDON BLVD  
APT. 204

City  
KEY BISCAVNE

State  
FL

Zip Code  
33149-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PHYSICAL THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2019

Transaction ID : SA11A.102270

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VILLARI, DAVID, J., MR.,**

Mailing Address 2899 NE 26TH CT

City

FORT LAUDERDALE

State  
FL

Zip Code  
33306-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GIG INS GROUP

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2019

Transaction ID : SA11A.100571

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WALMSLEY, BRUCE, G., DR.,**

Mailing Address 1802 ROSCOE TURNER TRAIL

City

PORT ORANGE

State  
FL

Zip Code  
32128-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : SA11A.102316

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

6250.00