

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 JAMES ST. GEORGE

Full Name (Last, First, Middle Initial)

FALLUCCO, MICHAEL, , ,

A.

Mailing Address 3970 ALHAMBRA DR W

City

JACKSONVILLE

State

FL

Zip Code

32207

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH FLORIDA SURGEONS

Occupation

PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 18 2020

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period

- 500.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

Full Name (Last, First, Middle Initial)

FELDMAN, ROBERT, L, ,

B.

Mailing Address 13301 S HIGHWAY 475

City

OCALA

State

FL

Zip Code

34480-8544

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 26 2020

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FORMOSO, FERDINAND, , ,

C.

Mailing Address 4472 GLEN KERNAN PKWY

City

JACKSONVILLE

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.

C

Name of Employer

COAST SPINE & PAIN CENTER

Occupation

PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 13 2020

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period

5600.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.4116]:
SEE REDESIGNATION

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

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

5850.00