

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 484

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Bill Cassidy for US Senate

Full Name (Last, First, Middle Initial)

MILLER, PAUL, , ,

A.

Mailing Address 7513 DETWILLER DRIVE

City

CLIFTON

State

VA

Zip Code

20124-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MILLER WENHOLD CAPITOL STRATEGIES, L

Occupation

GOVERNMENT RELATIONS

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2019			

Transaction ID : SA11A.57227

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MITCHELL, MATTHEW, C., DR.,

B.

Mailing Address 805 FARMINGTON DRIVE

City

LAFAYETTE

State

LA

Zip Code

70503-8428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIOLOGY AND PAIN CONSULTANT

Occupation

PHYSICIAN

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2019			

Transaction ID : SA11A.56715

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MITCHELL, MATTHEW, C., DR.,

C.

Mailing Address 805 FARMINGTON DRIVE

City

LAFAYETTE

State

LA

Zip Code

70503-8428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIOLOGY AND PAIN CONSULTANT

Occupation

PHYSICIAN

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2019			

Transaction ID : SA11A.57640

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

SEE REDESIGNATION

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

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

650.00
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