

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 57
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full) FRIENDS OF MIKE LEE INC			
Full Name (Last, First, Middle Initial) RODRIGUEZ, EDGAR, , ,		Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 03 / 2017</div> </div>	
Mailing Address 112 CONDOR AVE		Transaction ID : SA11A.58542	
City MCALLEN	State TX	Zip Code 78504-2219	
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	
Receipt For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ CONVENTION		Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
Full Name (Last, First, Middle Initial) ROGERS, RICHARD, R., MR.,		Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 03 / 2017</div> </div>	
Mailing Address 16251 DALLAS PKWY.		Transaction ID : SA11A.58543	
City ADDISON	State TX	Zip Code 75001-6801	
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
Name of Employer INFORMATION REQUESTED PER BEST EFF		Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ CONVENTION		Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
Full Name (Last, First, Middle Initial) SHUAIB, TAWHID, A., DR.,		Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 03 / 2017</div> </div>	
Mailing Address 500 E. RIDGE RD STE. 101		Transaction ID : SA11A.58545	
City MCALLEN	State TX	Zip Code 78503-1508	
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div>	
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	
Receipt For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ CONVENTION		Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div>	
SUBTOTAL of Receipts This Page (optional).....		<div style="border: 1px solid black; padding: 2px; text-align: right;">8700.00</div>	
TOTAL This Period (last page this line number only).....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	

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