

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

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<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)

BEN CLINE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MATTOON, DANIEL, JAMES, MR.,

Mailing Address 6344 CAVALIER CORRIDOR

City

FALLS CHURCH

State

VA

Zip Code

22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

MATTOON & ASSOCIATES

Occupation

PRINCIPAL

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		14		2018

Transaction ID : SA11AI.6897

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCBRIDE, DANE, C, Dr.,

Mailing Address 3579 LARSON LANE

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLERGY & IMMUNOLOGY PLC

Occupation

PHYSICIAN

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		08		2018

Transaction ID : SA11AI.6837

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCBRIDE, DANE, C, Dr.,

Mailing Address 3579 LARSON LANE

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLERGY & IMMUNOLOGY PLC

Occupation

PHYSICIAN

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2018

Transaction ID : SA11AI.7051

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1500.00