

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

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

FOR LINE NUMBER: PAGE 206 OF 1109

(check only one)

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

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NAME OF COMMITTEE (In Full)

Republican Party of Florida Federal Account

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

A. Gearhart, Marilyn, , ,

Mailing Address 817 Briarwood Dr

City

East Wenatchee

State

WA

Zip Code

98802-8302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : AB165642A753C4A0E891

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Vittorini, Mark, , ,

Mailing Address 606 N University Dr

City

Plantation

State

FL

Zip Code

33324-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Owen Healthcare

Occupation (for Individual)

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : ADC09D3E51314483AA5F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Nanda, Ashok, , ,

Mailing Address 4420 Green Heron Ct

City

Bonita Springs

State

FL

Zip Code

34134-8756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : AF7E39FC527E940FAA33

Amount of Each Receipt this Period

3000.00

☐ Memo Item

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

5000.00

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