

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

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

FOR LINE NUMBER: PAGE 322 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. Mills, Rosemary, , ,**

Mailing Address 11147 102nd Avenue N.

City  
Seminole

State  
FL

Zip Code  
33778-4119

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Va Hospital

Occupation (for Individual)

Program Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2019

**Transaction ID : A5D13FE7E194648FEB49**

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

**B. Gaetz, Matt, , ,**

Mailing Address 4905 Del Ray Avenue

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

US House of Representatives

Occupation (for Individual)

Congressman (FL-01)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2019

**Transaction ID : A4542F1C580284F098C1**

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

**C. LaRosa, Michael, , ,**

Mailing Address 801 south broad street

City

Brooksville

State

FL

Zip Code

34601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

State of Florida

Occupation (for Individual)

State Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2019

**Transaction ID : A84063A2CAB654D6A82B**

Amount of Each Receipt this Period

700.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1400.00