

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

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

FOR LINE NUMBER: PAGE 119 OF 500

(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. Fargo, Howard, , ,**

Mailing Address 13532 E 89th Terrace Road

City  
Summerfield

State  
FL

Zip Code  
34491-9491

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
11 / 06 / 2018

**Transaction ID : ADC9BE7A432CC4B7293E**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Henderson, James, , ,**

Mailing Address 3611 SW 63rd Lane

City  
Gainesville

State  
FL

Zip Code  
32608-5251

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Civil Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
11 / 06 / 2018

**Transaction ID : AC82DB7A8902C4AB6817**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Miller, James, S., , MD**

Mailing Address 700 Bay Cliffs Road

City  
Gulf Breeze

State  
FL

Zip Code  
32561-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medical Center Clinic

Occupation (for Individual)  
Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
11 / 06 / 2018

**Transaction ID : A3452DC03D50F4E4A94D**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

500.00