

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

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

FOR LINE NUMBER:
(check only one)

PAGE 174 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TUBERVILLE FOR SENATE

Full Name (Last, First, Middle Initial)

WARD, JON, , ,

A.

Mailing Address 247 S COVE TERRACE DR.

City

PANAMA CITY

State

FL

Zip Code

32401-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2019

Transaction ID : SA11A.6008

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CARBINE, RUSSELL, , ,

B.

Mailing Address 111 STONEYCREEK DR

City

FLORENCE

State

AL

Zip Code

35633-1582

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARBINE CONSTRUCTION CO

Occupation

OWNER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2019

Transaction ID : SA11A.6074

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CARMICHAEL, BELINDA, W., ,

C.

Mailing Address 306 MARTIN DRIVE

City

MUSCLE SHOALS

State

AL

Zip Code

35661-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2019

Transaction ID : SA11A.6068

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

2000.00

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