

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	

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)
Friends of Mark Warner

A. Full Name (Last, First, Middle Initial)
Sidman, Lawrence, R., ,

Mailing Address 5117 Manning Dr

City Bethesda	State MD	Zip Code 20814-1226
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Attorney
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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
05 / 06 / 2019

Transaction ID : C7465694

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Glenn, Lydia, R., ,

Mailing Address 595 Sherwood Dr

City Marion	State VA	Zip Code 24354-4605
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
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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
05 / 29 / 2019

Transaction ID : C7471124

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Ruffle, Paul, D, ,

Mailing Address 3509 Neal Ct

City Williamsburg	State VA	Zip Code 23185-8409
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Not Employed
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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
05 / 29 / 2019

Transaction ID : C7471174

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)..... ▶

2000.00
