

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

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

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER:                        |                              | PAGE 103 OF 865              |                              |
| (check only one)                        |                              |                              |                              |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 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)  
**RICK SCOTT FOR FLORIDA**

|   |             |                                   |   |  |
|---|-------------|-----------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>CHOATE, ARTHUR, B., MR.,</b>  |             |                                   | Date of Receipt<br>MM / DD / YYYY<br>08 / 06 / 2018           |  |
| Mailing Address 1390 S DIXIE HWY STE 2221   |             |                                   | Transaction ID : SA11A.25098B                                 |  |
| City<br>CORAL GABLES  | State<br>FL | Zip Code<br>33146-2946            |   |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                   | Amount of Each Receipt this Period<br>- 1000.00               |  |
| Name of Employer<br>ARTMARINE INC   |             | Occupation<br>EXECUTIVE           | <input checked="" type="checkbox"/> Memo Item<br>CONTRIBUTION |  |
| Receipt For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>5400.00 | REATTRIBUTION TO SPOUSE                                       |  |
| Full Name (Last, First, Middle Initial)<br><b>CHRISTOPHER, WILLIAM, S., MR.,</b>  |             |                                   | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2018           |  |
| Mailing Address 1685 ROYAL PALM WAY   |             |                                   | Transaction ID : SA11A.18032                                  |  |
| City<br>BOCA RATON  | State<br>FL | Zip Code<br>33432-7439            |   |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                   | Amount of Each Receipt this Period<br>500.00                  |  |
| Name of Employer<br>SELF  |             | Occupation<br>INVESTOR            | <input type="checkbox"/> Memo Item<br>CONTRIBUTION            |  |
| Receipt For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1500.00 |   |  |
| Full Name (Last, First, Middle Initial)<br><b>CIMINO, RICHARD, D., MR.,</b>   |             |                                   | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2018           |  |
| Mailing Address 9167 TORREFINO CT   |             |                                   | Transaction ID : SA11A.18669                                  |  |
| City<br>NAPLES  | State<br>FL | Zip Code<br>34109-4423            |   |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                   | Amount of Each Receipt this Period<br>50.00                   |  |
| Name of Employer<br>SELF EMPLOYED   |             | Occupation<br>ATTORNEY            | <input type="checkbox"/> Memo Item<br>CONTRIBUTION            |  |
| Receipt For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>250.00  |   |  |
| SUBTOTAL of Receipts This Page (optional) .....   |             |                                   | 550.00  |  |
| TOTAL This Period (last page this line number only) .....   |             |                                   |   |  |

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