

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

RICK SCOTT FOR FLORIDA

A. Full Name (Last, First, Middle Initial) HUBBARD, STANLEY, S., MR.,			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2018	
Mailing Address 3415 UNIVERSITY AVE. W C/O HUBBARD BROADCASTING INC.			Transaction ID : SA11A.28732	
City ST. PAUL	State MN	Zip Code 55114-1019	Amount of Each Receipt this Period _____ - 2700.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item CONTRIBUTION REDESIGNATION TO GENERAL	
Name of Employer HUBBARD BROADCASTING, INC.		Occupation CHAIRMAN & CEO		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 5400.00		
B. Full Name (Last, First, Middle Initial) HUBBARD, STANLEY, S., MR.,			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2018	
Mailing Address 3415 UNIVERSITY AVE. W C/O HUBBARD BROADCASTING INC.			Transaction ID : SA11A.28733	
City ST. PAUL	State MN	Zip Code 55114-1019	Amount of Each Receipt this Period _____ 2700.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item CONTRIBUTION REDESIGNATION FROM PRIMARY	
Name of Employer HUBBARD BROADCASTING, INC.		Occupation CHAIRMAN & CEO		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 5400.00		
C. Full Name (Last, First, Middle Initial) HUBBELL, PAUL, J., , M.D.			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2018	
Mailing Address 236 W LIVINGSTON PLACE			Transaction ID : SA11A.38596	
City METAIRIE	State LA	Zip Code 70005-3950	Amount of Each Receipt this Period _____ 2700.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer SELF EMPLOYED		Occupation DOCTOR		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 2700.00		
SUBTOTAL of Receipts This Page (optional).....			_____ 2700.00	
TOTAL This Period (last page this line number only).....			_____	