

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)

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

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NAME OF COMMITTEE (In Full)

DR MANNY FOR US SENATE

A. Full Name (Last, First, Middle Initial) Papendick, Lew, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 20 2019	
Mailing Address 8581 Dreamscape Rd			Transaction ID : SA11AI.7328	
City	State	Zip Code		
Rapid City	SD	57702		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00	
Name of Employer Self			<input type="checkbox"/> Memo Item	
Occupation Orthopedic Surgeon				
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date 250.00	
B. Full Name (Last, First, Middle Initial) Parsley, Brian, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 15 2019	
Mailing Address 302 Pine Shadows Dr			Transaction ID : SA11AI.6614	
City	State	Zip Code		
Houston	TX	77056		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer Univ of Texas Health Science C			<input type="checkbox"/> Memo Item	
Occupation Ortho Surgeon				
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date 500.00	
C. Full Name (Last, First, Middle Initial) Paschall, Ray, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 31 2019	
Mailing Address 6449 Edinburgh Drive			Transaction ID : SA11AI.7388	
City	State	Zip Code		
Nashville	TN	37221		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer Vanderbilt Medical Center			<input type="checkbox"/> Memo Item	
Occupation Anesthesiologist				
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date 1500.00	
SUBTOTAL of Receipts This Page (optional).....			1250.00	
TOTAL This Period (last page this line number only).....				