

**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 339 OF 501
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Zinke for Congress

A. Full Name (Last, First, Middle Initial)
Mr W Kelly Smith Smith

Mailing Address **PO Box 2254**

City **Orlando** State **FL** Zip Code **32802-2254**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **Lawyer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : A3F9EDE24EBF84D35836

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ethel Huser

Mailing Address **1704 Decatur Rd**

City **Fredonia** State **KS** Zip Code **66736-7328**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Housewife**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : AD038C0A6B46A49498B4

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr George Battee

Mailing Address **7200 Third Ave Apt M117**

City **Sykesville** State **MD** Zip Code **21784-5249**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Pharmacade Pharmacy** Occupation **Pharmacist**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : A95B335CF45A345E491C

Amount of Each Receipt this Period
25.00

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

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

325.00