

**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 47 OF 201
	<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	

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NAME OF COMMITTEE (In Full)  
**Mike Crapo for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. Robert N. Walker</b>		Date of Receipt MM DD YY 06 30 2015
Mailing Address 1873 E Parkhurst Ct		Transaction ID : <b>A8CA2B24C23654B1A843</b>
City <b>Eagle</b>	State <b>ID</b>	Zip Code <b>83616-6803</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Boise Orthopedic Clinic</b>	Occupation <b>Physician</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Phillip Hardy</b>		Date of Receipt MM DD YY 06 30 2015
Mailing Address 2501 Parkside Dr		Transaction ID : <b>A400DCC58495448E1906</b>
City <b>Boise</b>	State <b>ID</b>	Zip Code <b>83712-7554</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Information Requested</b>	Occupation <b>Information Requested</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Warren Stephens</b>		Date of Receipt MM DD YY 06 15 2015
Mailing Address PO Box 3507		Transaction ID : <b>AFD66DCA72B3A494C982</b>
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72203-3507</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2700.00</b>
Name of Employer <b>Information Requested</b>	Occupation <b>Information Requested</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5400.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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