

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kansas Republican Party

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bowser, Craig, , ,

Mailing Address 3100 Winston Pl

Apt 1

City

Manhattan

State

KS

Zip Code

66502-6543

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SAVE

Occupation (for Individual)

CEO

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 08 / 2020

Transaction ID : A9A8C974F22B545D2918

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bowser, Craig, , ,

Mailing Address 3100 Winston Pl

Apt 1

City

Manhattan

State

KS

Zip Code

66502-6543

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SAVE

Occupation (for Individual)

CEO

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 08 / 2020

Transaction ID : AAF57070ACF81445BB0C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clifford, William, , ,

Mailing Address 102 Drury Ln

City

Garden City

State

KS

Zip Code

67846-9671

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Fry Eye Associates

Occupation (for Individual)

Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2020

Transaction ID : ABFA4B8E7D53B46338F4

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

560.00

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