

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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NAME OF COMMITTEE (In Full)
ALASKANS FOR DAN SULLIVAN

A. Full Name (Last, First, Middle Initial) FROELICH, KALEB, D, ,			Date of Receipt M M / D D / Y Y Y 05 15 2017	
Mailing Address 1785 EVERGREEN AVE			Transaction ID : AD1EBB96C437A413DAFE	
City JUNEAU	State AK	Zip Code 99801-1459	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Memo Item CONTRIBUTION	
Name of Employer CASSIDY & ASSOCIATES		Occupation VICE PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) GAST, ANDREW, R., ,			Date of Receipt M M / D D / Y Y Y 06 20 2017	
Mailing Address 702 E MAIN ST PO BOX 134			Transaction ID : AE5703DE8A5DB47B6B6E	
City SAINT HENRY	State OH	Zip Code 45883-9202	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Memo Item CONTRIBUTION	
Name of Employer THE BECKMAN & GAST CO.		Occupation TRANSPORTATION & SANITATION		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) GAST, WILLIAM, C., ,			Date of Receipt M M / D D / Y Y Y Y 06 20 2017	
Mailing Address 641 GRAY ST			Transaction ID : AE4538FEF18B34B448A4	
City SAINT HENRY	State OH	Zip Code 45883-9454	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Memo Item CONTRIBUTION	
Name of Employer THE BECKMAN & GAST CO.		Occupation PRESIDENT & BUSINESS MANAGER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)..... 1000.00

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

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