

# **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)

**McConnell Senate Committee**

Full Name (Last, First, Middle Initial)

**Boggs, Bill, , Mr.,**

Mailing Address 533 N Shawnee Rd

City

Maysville

State

KY

Zip Code

41056-7505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Farm Insurance

Occupation  
Insurance Agent

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 23 2019

Transaction ID : AD23B2674F55E4087B71

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Howard, Virginia, , ,**

Mailing Address 24846 20th Ave S

City

Kent

State

WA

Zip Code

98032-4023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 09 2019

Transaction ID : A8089A64AC7D947EA9E3

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Mackesy, D., Scott, Mr.,**

Mailing Address 8 Locust Ln

City

Bronxville

State

NY

Zip Code

10708-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wcas

Occupation  
Management

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 26 2019

Transaction ID : A76BB103D7DC249CFB74

Amount of Each Receipt this Period

2800.00

☐ Memo Item

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

2950.00

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