

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)
JENKINS FOR SENATE

<p>A. Full Name (Last, First, Middle Initial) SHY, STEPHEN, , DR.,</p> <p>Mailing Address 3174 ROUTE 75</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City HUNTINGTON</td> <td style="width: 15%;">State WV</td> <td style="width: 52%;">Zip Code 25704</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer OHIO VALLEY PHYSICIANS</td> <td style="width: 67%;">Occupation PHYSICIAN</td> </tr> </table> <p>Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2700.00 </div> </p>			City HUNTINGTON	State WV	Zip Code 25704	Name of Employer OHIO VALLEY PHYSICIANS	Occupation PHYSICIAN	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 05 / 22 / 2017 </div> </p> <p>Transaction ID : SA11AI.11895</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2700.00 </div> </p> <p><input type="checkbox"/> Memo Item</p>	
City HUNTINGTON	State WV	Zip Code 25704							
Name of Employer OHIO VALLEY PHYSICIANS	Occupation PHYSICIAN								
<p>B. Full Name (Last, First, Middle Initial) SHY, GRANT, , ,</p> <p>Mailing Address 240 NORTH BLVD</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City HUNTINGTON</td> <td style="width: 15%;">State WV</td> <td style="width: 52%;">Zip Code 25701</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer SELF EMPLOYED</td> <td style="width: 67%;">Occupation PHYSICIAN</td> </tr> </table> <p>Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 500.00 </div> </p>			City HUNTINGTON	State WV	Zip Code 25701	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 04 / 04 / 2017 </div> </p> <p>Transaction ID : SA11AI.11716</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 500.00 </div> </p> <p><input type="checkbox"/> Memo Item</p>	
City HUNTINGTON	State WV	Zip Code 25701							
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN								
<p>C. Full Name (Last, First, Middle Initial) SKAFF, PAUL, , DR.,</p> <p>Mailing Address 3508 STAUNTON AVE SE #1</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City CHARLESTON</td> <td style="width: 15%;">State WV</td> <td style="width: 52%;">Zip Code 25304</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer GENERAL ANESTHESIA SERVICES</td> <td style="width: 67%;">Occupation PHYSICIAN</td> </tr> </table> <p>Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 250.00 </div> </p>			City CHARLESTON	State WV	Zip Code 25304	Name of Employer GENERAL ANESTHESIA SERVICES	Occupation PHYSICIAN	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 05 / 08 / 2017 </div> </p> <p>Transaction ID : SA11AI.11826</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 250.00 </div> </p> <p><input type="checkbox"/> Memo Item</p>	
City CHARLESTON	State WV	Zip Code 25304							
Name of Employer GENERAL ANESTHESIA SERVICES	Occupation PHYSICIAN								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>			<p><div style="border: 1px solid black; padding: 2px; display: inline-block;">3450.00</div></p> <p><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></p>						

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