

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: | | PAGE 10 OF 25 | |
| (check only one) | | | |
| <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)
KENNEDY FOR US SENATE

| | | | | |
|---|-------------|---|---|--|
| Full Name (Last, First, Middle Initial) Kennedy, Jacob, , , | | | Date of Receipt MM / DD / YYYY 03 / 27 / 2018 | |
| A. Mailing Address 10202 Brookcrest | | | Transaction ID : SA11AI.4240 | |
| City Evansville | State IN | Zip Code 47711 | Amount of Each Receipt this Period - 2700.00 | |
| FEC ID number of contributing federal political committee. C | | Redesignate: Receipt <input checked="" type="checkbox"/> Memo Item | | |
| Name of Employer Deaconess Hospital | | Occupation Physician | | |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Convention | | Election Cycle-to-Date - 2700.00 | | |
| Full Name (Last, First, Middle Initial) Kennedy, Mike, , , | | | Date of Receipt MM / DD / YYYY 03 / 21 / 2018 | |
| B. Mailing Address 659 East 200 North | | | Transaction ID : SA11AI.4248 | |
| City Alpine | State UT | Zip Code 84004 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Memo Item | | |
| Name of Employer Premier Family Medical | | Occupation Doctor | | |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Convention | | Election Cycle-to-Date 1000.00 | | |
| Full Name (Last, First, Middle Initial) Kirke, Gerald, , , | | | Date of Receipt MM / DD / YYYY 03 / 19 / 2018 | |
| C. Mailing Address 5465 Mills Civic Parkway | | | Transaction ID : SA11AI.4124 | |
| City West Des Moines | State IA | Zip Code 50266 | Amount of Each Receipt this Period 2700.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Memo Item | | |
| Name of Employer Kirke Financial | | Occupation Financial Management | | |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Convention | | Election Cycle-to-Date 2700.00 | | |
| SUBTOTAL of Receipts This Page (optional) | | | 3700.00 | |
| TOTAL This Period (last page this line number only) | | | | |