

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)
MCSALLY FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) LANAK, FRANK, J, , Mailing Address 1512 CLEARVIEW LN City SANTA ANA State CA Zip Code 92705-1501 FEC ID number of contributing federal political committee. C Name of Employer LANAK & HANNA PC Occupation ATTORNEY Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date 600.00			Date of Receipt M M / D D / Y Y Y Y Y 10 16 2018 Transaction ID : AE5FED0EDB10B464D9F4 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item
B. Full Name (Last, First, Middle Initial) BENSON, BEVERLEY, , MR., Mailing Address 1200 NICOLLET MALL APT 513 City MINNEAPOLIS State MN Zip Code 55403-2408 FEC ID number of contributing federal political committee. C Name of Employer NONE Occupation RETIRED Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date 750.00			Date of Receipt M M / D D / Y Y Y Y Y 10 01 2018 Transaction ID : AB54EFD3661114CC39E0 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Full Name (Last, First, Middle Initial) RONDEROS, JAIME, , , Mailing Address 4501 VOYAGER DR City FRISCO State TX Zip Code 75034-7544 FEC ID number of contributing federal political committee. C Name of Employer US ANESTHESIA PARTNERS Occupation PHYSICIAN Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date 250.00			Date of Receipt M M / D D / Y Y Y Y Y 10 12 2018 Transaction ID : A0B674F3F3E9D4B38AF4 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			550.00
TOTAL This Period (last page this line number only)..... ▶			