

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Republican Party of Wisconsin**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JONES, JEFFREY, R., DR.,**

Mailing Address 5985 NORTH SHORE DRIVE

City  
EAU CLAIRE

State  
WI

Zip Code  
54703-2079

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CHIPPEWA VALLEY TECHNICAL SCHOOL

Occupation (for Individual)

ORAL SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2018

Transaction ID : SA11A.1037196

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KASTEN, G FREDERICK, , , JR.**

Mailing Address 160 LOGGER HEAD POINT

City

VERO BEACH

State

FL

Zip Code

32963-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 02 / 2018

Transaction ID : SA11A.1036306

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KIRKE, GERALD, , ,**

Mailing Address 5465 MILLS CIVIC PARKWAY

City

WEST DES MOINES

State

IA

Zip Code

50266-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2018

Transaction ID : SA11A.1038811

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

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

5800.00