

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

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

FOR LINE NUMBER: PAGE 713 OF 938

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ditch Fund

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

A. Shutz, Susanne, Christopher, ,

Mailing Address 2817 Tomahawk Cir

City

Mission Hills

State

KS

Zip Code

66208-1868

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2019

Transaction ID : VVC59N86WD8

Amount of Each Receipt this Period

500.00

☐ Memo Item

Memo Item

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

B. Sikes, Bette, , ,

Mailing Address 6901 S Oglesby Ave
Apt 2C

City

Chicago

State

IL

Zip Code

60649-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2019

Transaction ID : VVC59N4MTF9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Memo Item

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

C. Sikov, William, , ,

Mailing Address 292 Wayland Ave

City

Providence

State

RI

Zip Code

02906-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CNE Medical Group

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : VVC59N5N0K6

Amount of Each Receipt this Period

250.00

☐ Memo Item

Memo Item

* Earmarked Contribution: See Below

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

1000.00

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