

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**ESOP PAC**

**A. Conger, Michael, V., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 West 48th Place  
 Suite 900  
 City Kansas City State MO Zip Code 64112-1895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palsinelli Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2018  
**Transaction ID : SA11AI.9493**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Duffy, Richard E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Fraser Drive  
 City Salem State NH Zip Code 03079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ownership Visions, Inc. Occupation (for Individual) consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2018  
**Transaction ID : SA11AI.9476**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Fitzgerald, David, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 696  
 City Rutland State VT Zip Code 05702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carris Reels, Inc. Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2018  
**Transaction ID : SA11AI.9475**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	