

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Jim Bridenstine Inc.

Full Name (Last, First, Middle Initial)

A. Ms. Anne H Miglarese

Mailing Address 5 Towngate Court

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11Ai-CN9277

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

B. Dr. Jeff D Miller

Mailing Address 5625 N Hunters Ridge

City

Stillwater

State

OK

Zip Code

74075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cockrell Eyecare CenterOccupation  
Optometrist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

Transaction ID : SA11Ai-CN9121

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

C. Dr. John M. Millirons

Mailing Address 211 S Oakdale Dr

City

Stillwater

State

OK

Zip Code

74074-6888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cockrell Eyecare CenterOccupation  
Optometrist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

Transaction ID : SA11Ai-CN9120

Amount of Each Receipt this Period

250

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

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

1500.00