

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

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

FOR LINE NUMBER: PAGE 6 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

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

A. Kessinger, Kayla, , Ms.,

Mailing Address 1736 Kess Springs Court

City

Mount Hope

State

WV

Zip Code

25880-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Green Leaf Services

Occupation (for Individual)

Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2017

Transaction ID : AAFB5F1571AB8425080F

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. King, Virginia, L, Mrs.,

Mailing Address 748 Myrtle Road

City

Charleston

State

WV

Zip Code

25314-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KSC Management Co.

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2017

Transaction ID : A3081B820F9344941A0D

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Morgan, Craig, M, Mr., M.D.

Mailing Address 1611 13th Avenue

City

Huntington

State

WV

Zip Code

25701-3811

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eye Consultants Of Huntington

Occupation (for Individual)

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2017

Transaction ID : AC5706DBC28BB4F21A72

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1550.00

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