

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

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

FOR 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
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**Heller for Senate**

Full Name (Last, First, Middle Initial)

**A. Oberwager, Edward, , ,**  
Mailing Address 542 Broadway

City State Zip Code  
New York NY 10012-3926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KKR

Occupation  
Director

Receipt For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

MM / DD / YYYY  
06 / 04 / 2018

Transaction ID : A752EE57D958C4E9E9E1

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Geraldts, Emily, Susan, ,**  
Mailing Address 2224 Kiev Court

City State Zip Code  
West Bloomfield MI 48324-1338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
05 / 24 / 2018

Transaction ID : AD281ACA449D54D40B71

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Haslam, James, , , III**  
Mailing Address PO Box 10528

City State Zip Code  
Knoxville TN 37939-0528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2018

Transaction ID : A5DB9C6068A604F9CB30

Amount of Each Receipt this Period

5400.00

☐ Memo Item

NOTE: See Refund Schedule B

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

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

8135.00