

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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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Roy Blunt

<p>A. Full Name (Last, First, Middle Initial) Milne, Jay, L., Dr.,</p> <p>Mailing Address 2947 S White Oak Dr # 2</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City Springfield</td> <td style="width: 16%;">State MO</td> <td style="width: 51%;">Zip Code 65809-3739</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name of Employer Cox Health Systems</td> <td style="width: 67%;">Occupation Physician</td> </tr> </table> <p>Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p>			City Springfield	State MO	Zip Code 65809-3739	Name of Employer Cox Health Systems	Occupation Physician	<p>Date of Receipt MM / DD / YYYY 03 / 31 / 2017</p> <p>Transaction ID : A4E455610B5494F30AE1</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Memo Item</p>	
City Springfield	State MO	Zip Code 65809-3739							
Name of Employer Cox Health Systems	Occupation Physician								
<p>B. Full Name (Last, First, Middle Initial) Cafritz, Buffy, . .</p> <p>Mailing Address 5334 Goldsboro Rd</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City Bethesda</td> <td style="width: 16%;">State MD</td> <td style="width: 51%;">Zip Code 20817-6342</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name of Employer N/a</td> <td style="width: 67%;">Occupation Homemaker</td> </tr> </table> <p>Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 900.00</p>			City Bethesda	State MD	Zip Code 20817-6342	Name of Employer N/a	Occupation Homemaker	<p>Date of Receipt MM / DD / YYYY 03 / 31 / 2017</p> <p>Transaction ID : A03E5A77A13ED441C9F7</p> <p>Amount of Each Receipt this Period 900.00</p> <p><input type="checkbox"/> Memo Item</p>	
City Bethesda	State MD	Zip Code 20817-6342							
Name of Employer N/a	Occupation Homemaker								
<p>C. Full Name (Last, First, Middle Initial) Hobbs, David, W., .</p> <p>Mailing Address 1903 Mallinson Way</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City Alexandria</td> <td style="width: 16%;">State VA</td> <td style="width: 51%;">Zip Code 22308-2760</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name of Employer The Hobbs Group</td> <td style="width: 67%;">Occupation President</td> </tr> </table> <p>Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2700.00</p>			City Alexandria	State VA	Zip Code 22308-2760	Name of Employer The Hobbs Group	Occupation President	<p>Date of Receipt MM / DD / YYYY 03 / 22 / 2017</p> <p>Transaction ID : AE642A351BB714E2CBF1</p> <p>Amount of Each Receipt this Period 2700.00</p> <p><input type="checkbox"/> Memo Item</p>	
City Alexandria	State VA	Zip Code 22308-2760							
Name of Employer The Hobbs Group	Occupation President								
<p>SUBTOTAL of Receipts This Page (optional).....▶</p> <p>TOTAL This Period (last page this line number only).....▶</p>			<p>3700.00</p> <p></p>						

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