

# **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)

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

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF KENTUCKY**

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

**A. Huffman, Kimberly, S., ,**

Mailing Address 1437 Copper Run Blvd

City  
Lexington

State  
KY

Zip Code  
40514-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly

Occupation (for Individual)

Pharmacy Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2019

Transaction ID : SA11AI.15729

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Huffman, Kimberly, S., ,**

Mailing Address 1437 Copper Run Blvd

City  
Lexington

State  
KY

Zip Code  
40514-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly

Occupation (for Individual)

Pharmacy Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.15731

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Huffman, Kimberly, S., ,**

Mailing Address 1437 Copper Run Blvd

City  
Lexington

State  
KY

Zip Code  
40514-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly

Occupation (for Individual)

Pharmacy Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

Transaction ID : SA11AI.15730

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

4500.00