

**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)  
**Cory Gardner for Senate**

**A.** Full Name (Last, First, Middle Initial)  
**FOWKE, BEN, , ,**

Mailing Address 75 CLAY CLIFFE DRIVE

City EXCELSIOR	State MN	Zip Code 55331-9510
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FEC ID number of contributing federal political committee. **C**

Name of Employer XCEL ENERGY INC.	Occupation CHAIRMAN PRESIDENT CEO
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2019

Transaction ID : SA11A.70582

Amount of Each Receipt this Period

2800.00
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☐ Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FOXWORTH, WALTER, , ,**

Mailing Address 15250 PRESTONWOOD BLVD  
APT 303

City DALLAS	State TX	Zip Code 75248-4798
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FEC ID number of contributing federal political committee. **C**

Name of Employer FOXWORTH-GALBRAITH LUMBER COMPAN	Occupation CHAIRMAN EMERITUS
------------------------------------------------------	---------------------------------

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2019

Transaction ID : SA11A.72717

Amount of Each Receipt this Period

1000.00
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☐ Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRALIN, HEYWOOD, , ,**

Mailing Address P.O. BOX 29600

City ROANOKE	State VA	Zip Code 24018-0796
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FEC ID number of contributing federal political committee. **C**

Name of Employer MEDICAL FACILITIES OF AMERICA	Occupation CEO
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 5600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2019

Transaction ID : SA11A.70018

Amount of Each Receipt this Period

2800.00
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☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

6600.00
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