

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

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

FOR LINE NUMBER: PAGE 315 OF 548

(check only one)

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

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NAME OF COMMITTEE (In Full)

**SHERIFF DAVID CLARKE FOR U.S. SENATE (OFFICIAL DRAFT CAMPAIGN)**

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

A. Martin, Don, , ,

Mailing Address 907 Cumberland Rdg

City  
Oxford

State  
MS

Zip Code  
38655

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2017

Transaction ID : 12-A469-F9684C8CFE94

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Haley, David, , ,

Mailing Address PO Box 65349

City  
Tacoma

State  
WA

Zip Code  
98464

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

BusinessOwner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2017

Transaction ID : 24-906C-923C32830187

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Derr, Frank, , ,

Mailing Address 4285 Gardner Rd

City  
Metamora

State  
MI

Zip Code  
48455

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2017

Transaction ID : A6-B789-1E3247B8F99E

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

950.00

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