

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

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

FOR LINE NUMBER: PAGE 13 OF 68

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kansas Republican Party

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

A. Clifford, William, , ,

Mailing Address 102 Drury Ln

City

Garden City

State

KS

Zip Code

67846-9671

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fry Eye Associates

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2019

Transaction ID : AAA321C2381244798B2B

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Clifford, William, , ,

Mailing Address 102 Drury Ln

City

Garden City

State

KS

Zip Code

67846-9671

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fry Eye Associates

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2019

Transaction ID : A6802F2E1BDF3467887E

Amount of Each Receipt this Period

20.18

☐ Memo Item

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

C. Clifford, William, , ,

Mailing Address 102 Drury Ln

City

Garden City

State

KS

Zip Code

67846-9671

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fry Eye Associates

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

342.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2019

Transaction ID : A042B693B5BA547F0936

Amount of Each Receipt this Period

20.18

☐ Memo Item

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

90.36

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