

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Kansas Democratic Party**

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

**A. Campbell, Amy, A., ,**

Mailing Address PO Box 4103

City  
Topeka

State  
KS

Zip Code  
66604-0103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kansas Mental Health Coalition

Occupation (for Individual)  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2020

Transaction ID : 11ai-000074165

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Weigel, Virgil, J., ,**

Mailing Address 1900 SW Briarwood Drive

City  
Topeka

State  
KS

Zip Code  
66611-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State of Kansas

Occupation (for Individual)  
State Legislator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2020

Transaction ID : 11ai-000074506

Amount of Each Receipt this Period

300.00

☐ Memo Item

Inkind: Event Tickets

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

**C. Stroberg, Jeffery, , ,**

Mailing Address 1200 W 43rd Avenue

City  
Hutchinson

State  
KS

Zip Code  
67502

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 ▼

382.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2020

Transaction ID : 11ai-000073785

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

950.00

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