

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1185 OF 1795

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bollier for Kansas

Full Name (Last, First, Middle Initial)

Slifer, Elizabeth, W., ,

A.

Mailing Address 230 Bridge St

City

Vail

State

CO

Zip Code

81657-3619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Slifer Designs

Occupation

Designer

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 11 2020

Transaction ID : 6218987

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Burns, Rita, , ,

B.

Mailing Address 1000 SW Fleming Ct
Apt 101

City

Topeka

State

KS

Zip Code

66604-1858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2020

Transaction ID : 6336287

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Glenski, James, , ,

C.

Mailing Address 4024 W 104th Ter

City

Overland Park

State

KS

Zip Code

66207-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2020

Transaction ID : 6359687

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

1750.00