

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 283
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Deb Fischer for US Senate

Full Name (Last, First, Middle Initial) CADA, JAMES, ,			Date of Receipt MM / DD / YYYY 04 / 13 / 2017	
Mailing Address 2000 W ARABIAN RD			Transaction ID : SA11A.35796	
City LINCOLN	State NE	Zip Code 68523-9217	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer SELF		Occupation HOTELIER		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 1575.00		

Full Name (Last, First, Middle Initial) CADA, JAMES, ,			Date of Receipt MM / DD / YYYY 06 / 15 / 2017	
Mailing Address 2000 W ARABIAN RD			Transaction ID : SA11A.36361	
City LINCOLN	State NE	Zip Code 68523-9217	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer SELF		Occupation HOTELIER		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 1575.00		

Full Name (Last, First, Middle Initial) CARSON, RUSSELL, ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017	
Mailing Address 930 FIFTH AVE			Transaction ID : SA11A.37040	
City NEW YORK	State NY	Zip Code 10021-2651	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer WELSH CARSON ANDERSON		Occupation PRIVATE EQUITY		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 5400.00		

SUBTOTAL of Receipts This Page (optional).....	2900.00
TOTAL This Period (last page this line number only).....	

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