

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Dan Lipinski for Congress**

Full Name (Last, First, Middle Initial)

**A.****Catz, Sarit, , ,**

Mailing Address 27 Long Hill Rd

City

Basking Ridge

State

NJ

Zip Code

07920-4018

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Eldion LLC

Occupation

Writer/Producer

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

Transaction ID : VNW3VHAKT05

Amount of Each Receipt this Period

500.00

☐ Memo Item

\* Earmarked Contribution: See Below

**B.**

Full Name (Last, First, Middle Initial)

**Pro-Israel America Pac**Mailing Address 455 Massachusetts Ave NW  
Ste 225

City

Washington

State

DC

Zip Code

20001-2621

FEC ID number of contributing  
federal political committee.**C**

C00699470

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40893.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

Transaction ID : VNW3VHAKT05E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**C.**

Full Name (Last, First, Middle Initial)

**Wasserman, Michael, , ,**

Mailing Address 8780 W Golf Rd

City

Niles

State

IL

Zip Code

60714-5602

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Self employed

Occupation

Physician

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	0

Transaction ID : VNW3VH8D845

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

750.00

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