

**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)  
**Cory Gardner for Senate**Full Name (Last, First, Middle Initial)  
**WINRED****A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2151491.86

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		03		2020

Transaction ID : SA11C.1154388897

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**B.** Full Name (Last, First, Middle Initial)  
**EBERT, ROBERT, H., ,**

Mailing Address P.O. BOX 1698

City  
BRECKENRIDGEState  
COZip Code  
80424-1698FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

EBERT APPRAISAL

RE APPRAISER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

835.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : SA11A.115710

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2151491.86

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		03		2020

Transaction ID : SA11C.1154388900

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

50.00

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