

**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
12	13a	13b	14
			15

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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 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC 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
0	2		0	3		2	0	2	0

Transaction ID : SA11C.1154389134

Amount of Each Receipt this Period

100.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

JUDSON, ROBERT, D., ,

Mailing Address 3 TURTLE GROVE LN

City

BOYNTON BEACH

State

FL

Zip Code

33436-5626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

KC FUNDING, LLC

EDUCATION MANAGEMENT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	0

Transaction ID : SA11A.115947

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC 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
0	2		0	3		2	0	2	0

Transaction ID : SA11C.1154389136

Amount of Each Receipt this Period

25.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

100.00

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