

**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 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
03		02		2020

**Transaction ID : SA11C.12362017960**

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)

**POTTER, DENNIS, , ,**

Mailing Address 2 12TH STREET

City

HOBOKEN

State

NJ

Zip Code

07030-6785

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

Name of Employer

Occupation

PHARMCARE USA

PHARMACIST

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		29		2020

**Transaction ID : SA11A.124797**

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
03		02		2020

**Transaction ID : SA11C.12362017973**

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)..... ▶

100.00

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