

**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)
LAHOOD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DUNKER, JAMIE, L, ,
Mailing Address 117 COUNTRY CT

City KNOXVILLE	State IL	Zip Code 61448-9673
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FEC ID number of contributing
federal political committee.

C

Name of Employer
COSTA CATHOLIC ACADEMYOccupation
DEVELOPMENT DIRECTOR

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2019

Transaction ID : A15D945D833FA41ADBCB

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

B. Full Name (Last, First, Middle Initial)
WINRED
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

34189.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2019

Transaction ID : A0E299D4ED1274C6A96F

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
FISHER, PETER, , ,
Mailing Address 114 GLENRIDGE DR

City EAST PEORIA	State IL	Zip Code 61611-4454
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FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF ILLINOISOccupation
PRISONER REVIEW BOARD MEMBER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2019

Transaction ID : AB5BD3280C3B6495DB9C

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

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

550.00

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