

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
COTTON VICTORY

A. LANGONE, ELAINE, , MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 SANDS POINT RD.
 City PORT WASHINGTON State NY Zip Code 11050-1127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2021
Transaction ID : SA11A.286953
 Amount of Each Receipt this Period
 10800.00
 Memo Item
 CONTRIBUTION

B. LANGONE, KENNETH, G., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 375 PARK AVENUE STE 2205
 City NEW YORK State NY Zip Code 10152-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INVEMED Occupation (for Individual) BUSINESS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2021
Transaction ID : SA11A.286955
 Amount of Each Receipt this Period
 10800.00
 Memo Item
 CONTRIBUTION

C. LASCHEID, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 LITTLE HARBOUR LN
 City NAPLES State FL Zip Code 34102-7606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEIGHBORHOOD HEALTH CLINIC Occupation (for Individual) C.E.O.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2021
Transaction ID : SA11A.286949
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	22100.00
TOTAL This Period (last page this line number only).....	