

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**PERDUE FOR SENATE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>KANE, MIKE, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2020		
Mailing Address 2300 LAKEVIEW PARKWAY			<b>Transaction ID : SA11AI.57885</b>		
City ALPHARETTA	State GA	Zip Code 30009	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED [SA11AI.53755]		
Name of Employer SELF-EMPLOYED		Occupation PENSION CONSULTANT			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>KASSOUF, SONYA, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2020		
Mailing Address 59 WEST UNDERWOOD STREET			<b>Transaction ID : SA11AI.55025</b>		
City CLEVELAND	State GA	Zip Code 30528	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED [SA11AI.53739]		
Name of Employer KASSOUF INSURANCE AGENCY		Occupation OWNER			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 325.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>KASSOUF, SONYA, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 19 / 2020		
Mailing Address 59 WEST UNDERWOOD STREET			<b>Transaction ID : SA11AI.55026</b>		
City CLEVELAND	State GA	Zip Code 30528	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED [SA11AI.53783]		
Name of Employer KASSOUF INSURANCE AGENCY		Occupation OWNER			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			150.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					