

**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)

PAGE 10 OF 45

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**ALASKANS FOR DAN SULLIVAN**

A. Full Name (Last, First, Middle Initial)  
**HEALEY, PATRICK, J., ,**

Mailing Address 4 MARSHALL LN

City OCEAN CITY State NJ Zip Code 08226-2639

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

Name of Employer VIKING YACHT COMPANY Occupation VICE PRESIDENT

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2017

Transaction ID : A458202A9BB20478D83C

Amount of Each Receipt this Period  
1000.00

☐ Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**HEALEY, PATRICK, J., ,**

Mailing Address 4 MARSHALL LN

City OCEAN CITY State NJ Zip Code 08226-2639

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

Name of Employer VIKING YACHT COMPANY Occupation VICE PRESIDENT

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2017

Transaction ID : A538B54E9F12E4A9392E

Amount of Each Receipt this Period  
1700.00

☐ Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**HEALEY, WILLIAM, J., ,**

Mailing Address 756 HARBOUR ISLES WAY

City WEST PALM BEACH State FL Zip Code 33410-3232

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

Name of Employer VIKING YACHT COMPANY Occupation CO-FOUNDER

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date  
800.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2017

Transaction ID : A1B27614214714135AA4

Amount of Each Receipt this Period  
800.00

☐ Memo Item CONTRIBUTION

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

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

3500.00