

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 27 OF 467

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

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NAME OF COMMITTEE (In Full)
Zeldin For Congress

A. Full Name (Last, First, Middle Initial) Caputo, Michael, , ,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2019	
Mailing Address 24956 Letchworth Road			Transaction ID : SA11AI.113882	
City Beachwood	State OH	Zip Code 44122	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Retired		Occupation Retired		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 300.00		

B. Full Name (Last, First, Middle Initial) Caputo, Michael, , ,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2019	
Mailing Address 24956 Letchworth Road			Transaction ID : SA11AI.113881	
City Beachwood	State OH	Zip Code 44122	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Retired		Occupation Retired		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 350.00		

C. Full Name (Last, First, Middle Initial) Carey, C, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2019	
Mailing Address 12 Post Office Sq Ste 609			Transaction ID : SA11AI.118788	
City Boston	State MA	Zip Code 02109	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self Employed		Occupation Self Employed		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 200.00
TOTAL This Period (last page this line number only).....	_____