

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

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

FOR LINE NUMBER: PAGE 26 OF 85  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COTTON VICTORY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WILMOT, THOMAS, C., ,**

Mailing Address 217 SMITH ROAD

City  
PITTSFORD

State  
NY

Zip Code  
14534-9403

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2017

Transaction ID : SA11A.110303

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BOCKORNY, DAVID, A., MR.,**

Mailing Address 3101 S BISHOP JONES PLACE

City  
SIOUX FALLS

State  
SD

Zip Code  
57103-4669

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BOCKORNY GROUP

Occupation (for Individual)  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.110312

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KENNETH, HEITHOFF, , DR.,**

Mailing Address 4911 FISHER ISLAND DRIVE

City  
NAPLES

State  
FL

Zip Code  
33109-0183

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : SA11A.110314

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

10250.00