

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Amanda Adkins for Congress

Full Name (Last, First, Middle Initial)

WinRed

A.

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2020

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

154253.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		20		2019

Transaction ID : A949212711A6546D2B1F

Amount of Each Receipt this Period

250.00

☒

Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Sanders, Phil, , ,

B.

Mailing Address 13833 Horton Dr

City

Overland Park

State

KS

Zip Code

66223-2977

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Waddell & Reed

Financial Services

Receipt For: 2020

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		20		2019

Transaction ID : A331B0E4E3DC743E7919

Amount of Each Receipt this Period

2800.00

☐

Memo Item

Earmarked (Non-Directed) through WinRed

Full Name (Last, First, Middle Initial)

WinRed

C.

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2020

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

154253.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		20		2019

Transaction ID : A1B24C5DD775142B688C

Amount of Each Receipt this Period

2800.00

☒

Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

2800.00

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