

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 16 OF 49

☒ 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)
Kinzinger for Congress

A. Full Name (Last, First, Middle Initial)
HARRIS, ROGER, , MR. ,

Mailing Address 708 TURKEY OAK LANE

City NAPLES	State FL	Zip Code 34108-8550
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer PRODUCERS CHEMICAL	Occupation SALES
--	---------------------

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

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 18 2020

Transaction ID : SA11A.23641

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
HERBERT, ALAN, , ,

Mailing Address 2399 GULF OF MEXICO DRIVE, 3B1

City LONGBOAT KEY	State FL	Zip Code 34228-3276
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

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

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 20 2020

Transaction ID : SA11A.23640

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
OKSNEVAD, HOLGEIR, J., MR.,

Mailing Address 1405 OTTER CREEK DRIVE

City DURAND	State IL	Zip Code 61024-9006
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer MEDINA NURSING HOME	Occupation OWNER
---	---------------------

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

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 20 2020

Transaction ID : SA11A.23639

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

1750.00