

# **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)

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

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NAME OF COMMITTEE (In Full)

**Devin Nunes Campaign Committee**

Full Name (Last, First, Middle Initial)

**Leach, Mike, , ,**

**A.**

Mailing Address 57553 CR 9

City

West Lafayette

State

OH

Zip Code

43845-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
insurance agent

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2019

Transaction ID : AE65916114B5F48D8873

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Leach, Mike, , ,**

**B.**

Mailing Address 57553 CR 9

City

West Lafayette

State

OH

Zip Code

43845-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
insurance agent

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2019

Transaction ID : AEA59ACD5D9A4483B87

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Leach, Mike, , ,**

**C.**

Mailing Address 57553 CR 9

City

West Lafayette

State

OH

Zip Code

43845-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
insurance agent

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  
09 02 2019

Transaction ID : A7EF14FE98BC746CAAC2

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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